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TITLE OF THESIS/*TITRE DE LA THÈSE* Effects of Training on Alcoholic
Clients' Self-disclosure in
Group Counselling

UNIVERSITY/*UNIVERSITÉ* University of Alberta

DEGREE FOR WHICH THESIS WAS PRESENTED/ *GRADE POUR LEQUEL CETTE THÈSE FUT PRÉSENTÉE* Ph.D.

YEAR THIS DEGREE CONFERRED/*ANNÉE D'OBTENTION DE CE GRADE* 1978

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THE UNIVERSITY OF ALBERTA

EFFECTS OF TRAINING ON ALCOHOLIC CLIENTS' SELF-DISCLOSURE IN GROUP COUNSELLING

by

© ROGER BERNARD CORMIER

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE
OF DOCTOR OF PHILOSOPHY

IN

COUNSELLING PSYCHOLOGY
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

Edmonton, Alberta

Spring, 1978

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled Effects of Training on Alcoholic Clients' Self-Disclosure in Group Counselling

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ABSTRACT

The central focus of this study was the development, implementation and evaluation of a systematic training program to teach the skill of self-disclosure to patients in therapy. The development of self-disclosure over a period of time was also examined.

From a review of the literature it was noted that self-disclosure is regarded as being important in the therapeutic process. Also it was reported that several studies were successful in increasing the subjects' level of self-disclosure through training.

Three groups of patients, participating in a residential treatment program for alcoholics, were given four hours of training at prescribed times during a 28 day treatment program.

The experimental training program focussed on three essential components of self-disclosure, i.e., the verbalization of (a) self-reference statements, (b) emotional statements and (c) here-and-now statements. The training program included minimal didactic information, some modeling and several experiential exercises.

Data were retrieved by means of three sets of instruments; self-reporting questionnaires, group audiotape recordings and sentence completion blanks. Subjective feedback was received from informal interviews held with counsellors and patients.

Findings indicated that although patients reported a willingness to self-disclose at the commencement of treatment, they did not perform at a higher level of self-disclosure after receiving the experimental training program as part of the 28 days in treatment.

Objective measures failed to support the effectiveness of the training program to increase the patients' level of self-disclosure. Results showed no consistent pattern of self-disclosure developing during the group counselling sessions.

Subjective reports from both patients and counsellors indicated a high degree of acceptance for the systematic training program.

ACKNOWLEDGMENTS

I wish to acknowledge my appreciation to the following:

Dr. Peter Calder for his continuous support and assistance; Dr. William Hague, Dr. DeWayne Kurpius, Dr. Lyle Larson and Dr. Tom Maguire for their interest and constructive suggestions.

The Henwood staff for their generous co-operation and assistance, and particularly the counsellors directly involved with the study.

The patients who willingly extended their full co-operation and participation in the study.

Mrs. Barbara White for her excellent typing of the dissertation.

To my wife Stella and children Lisa, René, Michael and Brigitte for their encouragement and understanding.

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CHAPTER I

Introduction

A crucial element in the psychotherapeutic process is the degree to which a patient will reveal himself to the therapist. From the beginning, psychotherapy has relied extensively on the client's verbal and non-verbal revelations to the therapist. In fact, the patient's progressive self-exploration and self-disclosure is a central happening in the patient's engagement in the process of psychotherapy (Allen, 1973). The person who is able to make himself known to the therapist is likely to gain greater psychological adjustment (Jourard, 1959, 1964; Mowrer, 1964).

In group therapy self-disclosure is regarded as a precondition to treatment and enhances interpersonal learning (Yalom, 1970; Allen, 1973). It is also suggested that self-disclosure is necessary in groups designed for personal growth (Johnson, 1963; Egan, 1970). There is empirical evidence to show that the most successful patients in group therapy engaged in greater self-exploration or transparency (Truax & Carkhuff, 1965).

By accepting the responsibilities inherent in a therapeutic relationship the client is expected to share experiences, stemming from the past or occurring in the present, that are of a very personal and intimate nature.

This sharing of personal information through self-disclosure is particularly important in a group context where each person is expected to discuss something about himself. This sharing of personal information, however, is often very difficult for the patient throughout the course of therapy, particularly in the early stages.

The efforts of the therapist could therefore be focussed on establishing a relationship which would facilitate such self-disclosure. Such therapeutic relationship is often dependent on the ability of the therapist to demonstrate empathy, warmth, respect and genuineness towards his clients. However, to enhance self-disclosing statements from the patients, it may be further required for the therapist to implement a program which would increase the likelihood of this self-disclosing behavior to occur.

One such direction is to provide specific training to clients prior to commencement of therapy or during therapy. There is considerable evidence that systematic preparation of clients for therapy facilitates both its course and its outcome (Hoehn-Saric, Frank, Imber, Nash, Stone & Battle, 1964; Sloane, Cristol, Pepernik & Staples, 1970; Bednar & Lawlis, 1971). Training clients has also been stated as a preferred mode of treatment (Carkhuff, 1971). It is suggested that clients can be trained in interpersonal skills and other skills needed to function effectively.

Clients receiving pretraining have demonstrated greater behavioral adjustments (Nash, Hoehn-Saric, Battle, Stone, Imber & Frank, 1965; Sloane et al., 1970) and remain in therapy for longer periods (Hoehn-Saric et al., 1964; Garrison, 1973). Pretherapy training was also significant in increasing the interpersonal interaction of group members (Yalom, Houts, Newell & Rand, 1967). Psychiatric patients were taught therapeutic skills which resulted in improved interpersonal functioning (Vitalo, 1971; Pierce & Drasgow, 1969; Hinterkopf & Brunswick, 1975).

A systematic preparation of clients can be done in several ways. Several studies utilized role induction interviews (Hoehn-Saric et al., 1964), vicarious pretraining (Truax, Wargo & Volksdorf, 1970), and a combination of modeling and instructions (Whalen, 1969).

Studies provide evidence that specific skills such as self-references can be increased by (a) a video and audio pretraining program (Stone & Stebbins, 1975), (b) cognitive structuring (Schaul, 1972), (c) cognitive and practice (D'Augelli & Chinsky, 1974) and (d) experimental pretraining groups (Miller, 1973).

Nature of the Problem

While self-disclosure may not by itself be sufficient for effective group counselling, evidence suggests that it is at least necessary. If certain patient behaviors are necessary for successful therapy it is assumed that the probability of their occurrence can be increased by providing training.

The training of self-disclosure has been for the most part conducted with students as the experimental subjects. Very few studies have investigated the effects of providing training for self-disclosure with clients undergoing therapy. Where pretherapy training was given to patients, it was offered to those attending out-patient clinics. Moreover few studies have considered the study of the development of self-disclosure over an extended period of time.

Purpose of the Study

The general purpose of this study was to develop a training program to teach clients how to self-disclose, to investigate the effects of this training program, and also to examine the development of self-disclosure over a period of time.

A systematic training program was developed to teach the interpersonal skill of self-disclosure to clients. For this program self-disclosure was defined as the verbalization of self-reference statements, emotional statements and here-and-now statements. The program method of presentation featured lecturing, modeling and experiential learning.

The systematic training program was administered to groups of patients, participating in a residential rehabilitation program, on a varied time schedule during their treatment program.

Patients remain in the rehabilitation program for 28 days. Hence the study examined the development of self-disclosure over an extended period of time, and particularly the process of self-disclosure as it occurred in a group context.

More specifically, three different groups of patients received four hours of training in self-disclosure, each at varying times throughout their treatment program. The effects of this training and the development of self-disclosure during the 28 day treatment program were examined.

Overview of the Study

This chapter introduced the purpose of the present investigation. Chapter II is a review of theoretical and empirical literature relevant to this study. In Chapter III is described the research methodology employed. Chapter IV presents the analysis and discussion of the data and a summary of the results and conclusions are contained in Chapter V. Selected references and several appendices follow Chapter V.

CHAPTER II

Review of Related Literature

Theoretical and empirical studies reviewed in this section focus primarily on self-disclosure and skill training. A definition of self-disclosure is given followed by a review of the relationship between self-disclosure and personality adjustment, the various instruments used to measure self-disclosure, and the clients' learning of self-disclosure. Skill training refers to training clients to learn and utilize certain behaviors. The effects and methods of training are reviewed along with specific attention to training of self-disclosure. A summary of the reviewed literature concludes the chapter.

Self-Disclosure

Definition

The term self-disclosure was coined by Jourard (1959) to designate the act of communicating to others what you think, feel or want. Several terms have since appeared in the literature that convey similar concepts to that of self-disclosure.

For Mowrer (1964), the word "confession" is synonymous with self-disclosure. The person who confesses information that he suppressed or concealed from others is indeed engaged in a self-disclosing process. Dreyfus (1967) used the word openness to connote "a willingness to explore with oneself and with another, with honesty and responsibility" (p.316). He provides three variations to the term openness: (a) openness as an atmosphere represents the setting for an intimate dialogue; (b) openness as receptivity implies the acceptance of one's own experiences and feelings and also the acceptance of the feelings that goes with the content provided by the other; and (c) openness as self-revelation indicates an active offer to share something sensitive with another person. Self-exposure, rather than self-disclosure, is employed by Weiner (1972) to describe the psychologic disclosure and physical contact the therapist has with patients.

The term most commonly used in the literature is self-disclosure which will be the word adopted for this study. Jourard's (1959) definition of self-disclosure, as defined above, will be accepted. Self-disclosure is seen as incorporating the verbalization of (a) first personal pronouns, i.e., I, we, and (b) immediate content, i.e., here and now, and (c) affectional (feeling) content.

Self-disclosure is known to refer to both a personality attribute and a process variable (Cozby, 1973; Chelune, 1975). The focus of this review is primarily upon the latter of these, that is, upon self-disclosure as an on-going behavioral process which occurs during interaction with others.

Self Disclosure and Personality Adjustment

An important element in counselling and psychotherapy is the client's progressive discovery and disclosure of self through self-exploration -- "a process of coming to verbalize and know one's beliefs, values, motives, perception of others, relationships, fears and life choices" (Truax & Carkhuff, 1965; p.3).

Jourard, in a number of studies (1959, 1964, 1971), suggests that people become maladjusted and seek psychological help because they have not made themselves known to another person in their lives and consequently do not know themselves. He states that a pre-requisite or criteria of a healthy personality is the ability to allow one's real self to be known to at least one significant other. Jourard remarks, however, that the relationship between self-disclosure and mental health is a curvilinear one; that is, either too much or too little self-disclosure may be indicative of maladaptive behavior. Caution is suggested by Jourard (1971) when he adds:

> It should not be assumed that the sheer amount of self-disclosure between participants in a relationship is an index of the health of the relationship or of the persons. There are such factors as timing, interest of the other person, appropriateness, and effect of disclosure on either participant which must be considered in any such judgement (p.224).

Mowrer (1961, 1964) also espouses the view that self-disclosure is a symptom of a healthy personality and has developed a therapeutic procedure based on this view.

He proposes that successful outcome in therapy is predetermined by the client's complete disclosure or confession of his past misdeeds and omissions. Similar ideas are reflected in the writings of Fromm (1955) and Rogers (1961).

Groups conducted for personal enrichment or personal growth rely heavily on participant's self-disclosure as a necessary occurrence (Egan, 1970; Johnson, 1971). In fact, an increasing number of techniques have been implemented by the proponents of the human potential movement to facilitate openness, intimacy and genuineness in their groups (Burton, 1970).

There is experimental evidence to show that disclosing psychologically meaningful information has been associated with client improvement. As early as 1947, Peres found that successful patients in group psychotherapy made twice as many personal references as did a group of unsuccessful patients. Braaten (1961) noticed that from early to late interviews, successful cases in individual therapy made a substantial increase in self-references as compared with unsuccessful cases. With institutionalized patients participating in group therapy, Truax and Carkhuff (1965) reported that the more successful patients tended to engage in a greater depth of self-exploration than unsuccessful patients.

The relationship between self-disclosure and certain personality correlates has been researched and findings are confounding. Mullaney (1964) reported that low self-disclosers tended to be more socially introverted than high self-disclosers, whereas Stanley and Bownes (1966) found no relationship between self-disclosure and neuroticism. There was no significant relationship between self-disclosure and the MMPl K scale which measures defensiveness as reported by Himelstein and Lubin (1966). In a study by Pedersen and Breglio (1968) it was noted that the more emotionally unstable males tend to disclose more about their personality. Truax and Wittmer (1971) also reported that the subjects with most disturbed MMPl scores disclosed more to the friend who served as the target-person. For the purposes of the study, target-persons were defined as the ones to whom disclosure was made.

The amount of expressed self-esteem and self-disclosure was the focus of several investigations. Fitzgerald (1963) found that the amount of self-esteem alone does not significantly affect the amount disclosed about the self. Findings that low self-disclosure subjects decreased in self-esteem over the course of sensitivity training were presented by Vosen (1967). However, Doyne (1973) reported that subjects in a low disclosure group increased significantly in esteem during their encounter experience.

Although findings support a relationship between self-disclosure and personality adjustment, it cannot be ascertained that those persons not disclosing are maladjusted or not mentally healthy. The studies reviewed corroborate Cozby's (1973) observation that studies on self-disclosure and mental health, and self-disclosure and personality correlates report correlations that are generally low and often contradictory.

Measurement of Self-Disclosure

The initial instrument to assess individual difference in self-disclosure was developed by Jourard and Lasakow (1958). The Jourard's Self-Disclosure Questionnaire consists of 60 items dealing with attitudes and opinions, tastes and interests, work or studies, money, personality and body. Subjects indicate the extent to which they have revealed the information to mother, father, best opposite-sex, and best same-sex friend. Numerous researchers, as reported in Jourard (1971), have utilized this instrument in their investigations.

Critical reviews of the Jourard Self-Disclosure Questionnaire show however that the questionnaire does not accurately predict actual self-disclosure (Himelstein & Kimbrough, 1963; Himelstein & Lubin, 1965; Pedersen & Breglio, 1968; Hurley & Hurley, 1969; Cozby, 1973). The scores reflect subjects' past history of disclosure to the four target-persons. Thus the questionnaire may be best interpreted as measuring past history of disclosure.

Another 40-item questionnaire measuring the extent of willingness to disclose has also been utilized. (Jourard & Resnick, 1970; Drag, 1968, as reported in Jourard, 1971).

In fact, Weigel and Warnath (1968) suggest that perhaps a more appropriate criteria is the patient's willingness to disclose, particularly in group settings where one may not always have the opportunity to express oneself. Some researchers (MacDonald, Games & Mink, 1972; Cooper & Bowles, 1973; Higbee, 1973) incorporated this element of willingness to self-disclose in their investigations.

Investigators have resorted to a variety of instruments when studying variables of self-disclosure in a group context. The questionnaire type, either the J.S.D.Q. or a modification of this instrument, was used by several (Weigel & Warnath, 1968; Walker, Shack, Egan, Sheridan & Sheridan, 1972; Cooper & Bowles, 1973). To provide more reliability to the data, many researchers have added a behavioral measure to questionnaire responses (Query, 1964; Clark, 1973; Brasfield & Cubitt, 1974).

A Likert-type scale for measuring variables of self-disclosure has been extensively used (Kahn & Rudestam, 1971; Weigel, Dinges & Straumfjord, 1972; Dies, 1973; May & Thompson, 1973; Dies & Cohen, 1976). In several studies the rating was done by group members while in others, the therapist performed the rating. Researchers such as Kangas (1971), have developed self-disclosing scales more suitable to their studies. Other investigators are utilizing projective instruments. Conyne (1974) used the Johari Window (Luft, 1970) and a sentence completion blank was used by Green (1964) as reported in Jourard (1971).

In a study conducted by Vondracek (1969) it was found that different variables of self-disclosure are assessed when using a self-report or a behavioral measure. From his review of the literature Cozby (1973) suggested that self-disclosure should be measured behaviorally. Studies were specifically conducted to provide a better measurement of self-disclosure in groups (DeShong, 1973; Goodstein, Goodstein, D'Orta & Goodman, 1976).

Researchers are able to employ more behavioral measures when classifying self-disclosure as a verbal behavior. Generally, this verbal behavior comprises factors such as self-reference statements, duration of speech and intimate level of topics.

Measurements from audio-recorded sessions seem to be most prominent particularly in studies where the individual interview was part of the experimental condition. The amount of client self-references by counting the number of first person pronouns (F.P.P.), i.e., "I" and "we" emitted during the interview was gauged by Myrick (1969). Studies by Green and Marlatt (1972) and Stone and Stebbins (1975) focussed on content statements, feeling statements and talk time as indices of verbal behavior.

A 7-point descriptively anchored scale classifying the content of verbal responses was developed by Doster and

Strickland (1971). This self-disclosing rating scale was subsequently used in studies conducted by Doster (1972), Doster and McAllister (1973), and McGuire, Thelen and Amolsch (1975). In addition to this scale, these last authors included self-references, personal feeling, duration of speech and a post-interview questionnaire as part of their instrument.

Audio-tapes are also used for group therapy research. Whalen (1969) developed a scale classifying 19 different categories of verbal behavior occurring in a group interaction. Several of these catefories included: personal self-disclosure, immediate feelings, positive feedback, and impersonal self-disclosure. The scale has proven to be a reliable measure of verbal behavior in a group discussion. In their studies, Rappaport, Gross and Lepper (1973) and D'Augelli and Chinsky (1974) used modification of Whalen's (1969) scale along with the Group Assessment of Interpersonal Traits (Goodman, 1972). The depth of verbal interaction in groups was assessed with the Hill Interaction Matrix (Miller, 1973).

Although many studies are utilizing behavioral measures it seldom occurs that a questionnaire or a psychological instrument is not accompanying the behavioral rating. Jourard (1971) clearly points out the value of questionnaires in research on self-disclosure. Both type of measurements, behavioral and self-report, according to the literature reviewed are warranted in studies on self-disclosure.

Learning to Self-Disclose

Since client self-disclosure has been shown to have both theoretical and therapeutic significance (Truax & Carkhuff, 1965; Jourard, 1971) researchers have concentrated on methods of increasing this specific client behavior. Many investigators have accepted Jourard's (1959) reciprocity hypothesis, i.e., self-disclosure begets self-disclosure, as a focus for their research.

In the dyad relationship, where the majority of research on the reciprocity hypothesis has been conducted, a number of studies have particularly examined the manipulation of the experimenter's self-disclosure behavior. In their study Jourard and Jaffe (1970) found that clients increased the number of self-disclosing statements when the experimenter made a series of self-disclosing statements prior to the client speaking. The frequency of experimenter self-disclosures was also shown to be relevant to the client's return for a second interview (Murphy & Strong, 1972) and also to a positive perception of the counsellor by the client (Giannandrea & Murphy, 1973). Other variables such as the similarity of counsellor disclosures to those expressed by the clients, the physical distance between experimenter and subject, and the intimacy of self-disclosure statements have also been identified as affecting the reciprocity of self-disclosure statements made during a dyad interview (Worthy, Gary & Kahn, 1969; Jourard & Friedman, 1970; Ehrlich & Graeven, 1971; Savicki, 1972; Lawles & Nowicki, 1972).

The findings from studies relating the reciprocity hypothesis to a group context are confounding. In his study, Kangas (1971) concluded that self-disclosure begets self-disclosure in small groups whether it is a group member or the group leader who first discloses. Similarly, Culbert (1968) found that leader self-disclosure resulted in members becoming freer to express themselves, and Truax (1968) indicated that where counsellors display facilitative conditions such as genuineness or transparency, clients increased their self-disclosure behavior. However, studies by Weigel and Warnath (1968) along with Branan (1967) and Bolman (1971) failed to confirm reciprocity results in the context of group therapy.

A direct outcome of the group leader self-disclosing behavior is the group member's perception of the leader. Here also, confounding results are expressed. From his study Dies (1973) found that self-revealing therapists were evaluated as more friendly, trusting and facilitating by their clients. Findings from May and Thompson (1973) indicated that the self-disclosing therapist received a positive mental health rating by members. However, Weigel and Warnath (1968), and Weigel, Dinges, Dyer and

Straumfjord (1972) presented evidence that the therapist showing the greatest amount of self-disclosure was seen as being less mentally healthy and consequently was ranked lowest on the mental health dimension.

Despite the contradicting results on the reciprocity hypothesis and particularly the effects of the therapist self-disclosing, Jourard (1964) contends that it is important for the therapist to self-disclose. In fact, he states:

> The therapist's openness serves gradually to relieve the patient's distrust, something which most patients bring with them into therapy. Still another outcome is that the therapist, by being open, by letting himself be as well as he lets the patient be, provides the patient with a role-model for growth - yielding interpersonal behavior with which he can identify. (p.72)

Skill Training

The Carkhuff model of human relations training (Carkhuff, 1969) and the Ivey system of microcounselling (Ivey, 1971) are two types of training programs currently used in the field of interpersonal skill training. Other types of systematic training programs are applied in different settings and with a variety of individuals. Studies indicate varying degree of success in teaching interpersonal skills to social workers (Fischer, 1975), to students (Wells, 1975) and to parents of disturbed children (Shah, 1969). It is only of late that systematic training has been applied to clients.

Carkhuff (1971) states that "the most direct form of treatment, then, would be training of clients and patients in skills necessary to function effectively in society" (p.126). Disturbed children are trained to learn more appropriate interpersonal skills (Gittleman, 1965; Minunchin, Chamberlain & Grauhard, 1967). Studies by Vitalo (1971), Pierce and Drasgow (1969) and Hinterkopf and Brunswick (1975) represent the extent of systematic training in interpersonal skills with psychiatric patients.

Much of the work in training patients has been conducted in the field of pretherapy training. Pretherapy training refers to a systematic approach in assisting clients prior to any involvement in formal therapy. The approach was originally introduced in an effort to help clients who could not be seen by a therapist for yet some time and were placed on a waiting list. The outcome of pretherapy training not only accommodated this need but also highlighted other important dimensions of the therapeutic process.

The emphasis of pretherapy training is generally to provide theoretical justification for the group, clarification of the group process, clarification of the roles of members and participants, and the modeling of expected behaviors (Bednar, Weet, Evensen, Lanier & Melnick, 1974; D'Augelli & Chinsky, 1974). The use of early structured experiences, as part of pretherapy training has been shown to reduce the anxiety, fear, and unrealistic expectations that troubled clients frequently bring with them in therapy (Bednar, Melnick & Kaul, 1974). Egan (1970) goes as far as to suggest that groups be structured by an explicit contract in order to facilitate desirable behaviors.

Yalom, Houts, Newell and Rand (1967) indicate that there is sufficient evidence to suggest a rationale for therapeutic intervention early in the life of the group, i.e., to shape the future course of a group. The preparation of patients for therapy is regarded by Orne and Wender (1968) as anticipatory socialization. They report that learning "the rules of the game" is a critical aspect of an effective psychotherapeutic experience. Further elaboration on this point is given by Lennard and Bernstein (1967). They state:

> Knowing the rules of the therapeutic "game" (and by implication, the game of life), a therapist must know how to induct his patient into the unique treatment role. If he fails to do this adequately, the person who applies to him for treatment never assumes the role of a patient and a treatment relationship does not materialize. (p.2)

Effects of Training

In their pioneer study, Pierce and Drasgow (1969) were successful in training seven male psychiatric inpatients to function in a more interpersonally facilitative manner than other groups receiving drug therapy or group therapy. The authors contend that "if one wants patients to function more effectively with each other, we must train them to do so" (p. 298). In his study, Vitalo (1971) trained 29 hospitalized patients to function at higher levels of empathy, positive regard and genuineness. These interpersonal skills were learned during a systematic training program of 15 hours. A much more specific skill, that of listening, was also successfully taught to psychiatric patients (Hinterkopf & Brunswick, 1975).

The effects of preparatory training have been successfully demonstrated by both process and outcome measures. Research by Hoehn-Saric, Frank, Imber, Nash, Stone and Battle (1964) and Nash, Hoehn-Saric, Battle, Stone, Imber and Frank (1965) provided evidence pointing to the therapeutic efficacy of preparing patients for individual therapy. Psychiatric out-patients participating in a role inductive interview demonstrated significant behavioral improvement and higher attendance in therapy. Further support for a systematic preparation of patients was given by Goldstein and Shipman (1961) and Baum and Felzer (1964).

The preparatory effects of a group experience prior to regular group therapy have been reported by Stone, Parloff and Frank (1954), McGee and Larsen (1967), Martin and Shewmaker (1962), and Dibner, Palmer, Cohen and Gofstein (1963). Findings by Yalom et al., (1967) indicated that preparatory session increases the development of interpersonal interaction, i.e., the discussion of intermember relationships in the group and strengthened the patients' faith in group therapy. It was also noticed that patients receiving preparation engaged themselves more quickly in the therapeutic task than patients not prepared. A study conducted by Sloane, Cristol, Pepernik and Staples (1970) showed that patients who received an explanation of group psychotherapy improved more on social, sexual, and work adjustment than those who did not receive it. A significant difference in attendance rates favoring systematic preparation over non-preparation was found by Garrison (1973).

Additional studies support the general findings from the literature that clients who were exposed to models of good client behavior at the onset of treatment showed more improvement in treatment than controls (Truax & Carkhuff, 1965; Truax & Wargo, 1969; Whalen, 1969).

Methods of Training

Several methods of systematically preparing patients for group psychotherapy have been described in the literature. Five approaches were identified by Rabin (1970): (a) factual information, (b) recorded materials, (c) lecture or explanatory interview(s), (d) group experiences, and (e) individualized. Bednar *et al.*, (1974) divided pretherapy training techniques into two classifications: verbal instructions (cognitive structuring) and vicarious modeling.

The purpose of providing verbal instruction is to clarify the therapeutic process and overcome the general misconceptions and unrealistic expectations of group therapy. Several studies relied on verbal instruction as the mode of pretherapy training (Hoehn-Saric, et al., 1964; Nash, et al., 1965; Yalom, et al., 1967).

When the focus is to provide models of "good" group behavior, vicarious pretraining was utilized. Prospective clients were given either audio or video excerpts of actual group therapy behavior. This method was applied with juvenile delinquents (Truax, Wargo & Volksdorf, 1970), with neurotic outpatients (Truax & Wargo, 1969) and with patients in a mental hospital (Truax, Shapiro & Wargo,1968) and all three studies indicated favorable results. By combining modeling with detailed instruction, Whalen (1969) significantly enhanced the level of interpersonal openness.

Several studies compared the effects of different pretherapy training techniques in group therapy. D'Augelli and Chinsky (1974) investigated the effects of two types of pretraining, the cognitive and practice approach. The practice approach described the behaviors to be learned and also provided subjects the opportunity to practice them. The cognitive approach was similar to the practice approach, but did not allow any practice. The authors concluded that the cognitive approach with no practice trials appeared most effective. Findings by Schaul (1972) indicated that a combined cognitive-experiential approach which allowed for a description, examples and practice of each goal, had the most beneficial effects when compared to a cognitive or an experiential approach. In his study, Sauber (1974) compared three approaches of systematically preparing patients for psychotherapy; these were the role induction interview, vicarious training, and therapeutic reading. His findings indicated that the most effective therapeutic value to be gained was with the role induction approach. A role induction procedure was also instrumental in facilitating a more favorable therapy experience as reported by Strupp and Bloxom (1973).

Although there is evidence to show that subjects can be taught various interpersonal skills, the most effective method is not apparent from the literature.

Training to Self-Disclose

The feasibility of enhancing subjects self-references during therapy by means of a training program was examined. For individual interviews, Stone and Stebbins (1975) found that video and audio pretraining significantly increased self-references in male and female university students compared to a no-pretraining control group and that video was superior to audio. Contrary results, however, were found by Richardson (1976) in essentially a replication of the former study. Myrick (1969), investigating the relative effectiveness of audio and video models in teaching eighth-grade students to self-disclose during a 30-minute interview, suggested that the audio model was the most effective.

By exposing subjects to a set of detailed instructions and a film model, Whalen (1969) was successful in facilitating the expression of interpersonal openness and inhibiting impersonal references during group discussion. Findings by Schaul (1972) indicate that pretrained groups devoted more time and statements to personal discussion categories and less time and statements to impersonal discussion categories than control groups. Of the selected three goals in the study, i.e., (a) self-disclosure, (b) feedback, and (c) the expression of immediate feelings, self-disclosure was more easily trained by cognitive structuring.

As a result of group pretraining, Miller (1973) found that the experimental pretraining groups were interacting at greater depth much sooner than the controls. Further support for pregroup experience is provided by D'Augelli and Chinsky (1974). From their study in pretraining for the utilization of (a) self-disclosure, (b) discussion of the "here and now", and (c) interpersonal feedback, subjects who had received pretraining engaged in more overall personal discussion, more feedback and less impersonal discussion.

A study to ascertain whether a systematic communication-skills training and a systematic videotaped-modeling training model could be adapted to train subjects to be more self-disclosing was conducted by Zarle and Boyd (1977). Findings indicated that the subjects, married couples, were successfully trained to be much more self-disclosing with each other. However there were no significant differences between the communication-skills and videotaped-modeling methods.

Studies reviewed indicate that subjects can increase the amount of self-references and can discuss at a more personal level. More specifically, the subjects' level of self-disclosure can be enhanced through training.

Summary

The term self-disclosure refers to the act of communicating to others what you think, feel or want. The literature reports a relationship between self-disclosure and personality adjustment and views self-disclosure as being important in the therapeutic process.

The level of self-disclosure has been measured by several means such as self-reporting questionnaires, audio and video recordings, and projective tests. The precise measurement of self-disclosure remains a critical factor according to the reviewed literature.

The reciprocity hypothesis, i.e., self-disclosure begets self-disclosure was examined in several studies and the results are confounding, particularly in the context of group therapy.

The literature on skill training indicates that a wide range of interpersonal skills can be successfully taught to a variety of individuals. Several studies report the importance and the positive results of training clients before commencing therapy.

Several methods of systematically preparing patients for group psychotherapy were reviewed. Among the most commonly used were role induction, cognitive structuring, modeling, and experiential learning. However, no one particular method alone was identified as the most effective.

Results from several studies indicate that systematic training can increase the frequency of self-reference statements emitted by participants. The level of openness, personal discussion and self-disclosure can also be enhanced by training.

The reviewed literature indicated a number of studies were conducted to increase the subjects' level of self-disclosure. It was also indicated that a variety of methods were utilized to achieve this goal. However, the majority of studies seeking to increase subject's self-references in individual and group therapy had students as subjects. The majority of these students would not be suffering from any severe emotional problems and should be relatively free of psychopathology. These students hardly represent the typical client in group therapy and should not be considered representative of the maladjusted individuals seeking therapy.

Few studies examined the process of self-disclosure in group therapy over a period of time. In fact only one reported study had more than six hours of group discussion (D'Augelli & Chinsky, 1974).

The majority of studies investigating the effects of pretherapy training in group therapy were held with subjects going to out-patient clinics. Thus little is known of the effects of pretherapy training in in-patient clinics.

On the basis of the literature reviewed there is a lack of studies examining the effects of a systematic training program implemented with clients involved in a residential treatment program.

CHAPTER III

Methodology

This chapter includes the setting, the sample, the program, the research design, the instrumentation, and the method of analyzing the data of this study.

Setting

The study was conducted at the HENWOOD Rehabilitation Centre. HENWOOD is a 64-bed residential unit for drug dependents located 17 miles northeast of the City of Edmonton, Alberta. It provides accommodations for 14 women and 50 men. The 28-day program consists of individual and group counselling, recreational therapy and daily informational lectures. A small infirmary, attended by a full time nursing staff and a part-time physician, provides for minor medical needs of the residents.

Individuals are required to present a medical certificate of reasonably good physical health before being accepted. All patients admitted to HENWOOD are fully detoxicated and enter the rehabilitation centre voluntarily. Patients are normally admitted every second Thursday and Friday with approximately 30 patients receiving notice of admission. Those being admitted remain together as a group for the duration of the treatment program.

The HENWOOD treatment program offers two 1-hour group sessions per day (for a maximum of 30 hours, excluding week-ends). All groups are closed groups. The group therapy model follows an interactional, problem solving approach. The emphasis is on the discussion and application of alternatives to interpersonal and social difficulties, rather than "depth" therapy. Counsellors espouse an eclectic orientation and generally do not provide definite structure to group interactions.

In addition to a small medical and administrative staff, the treatment staff consists of 21 counsellors divided into two teams; Team A and Team B.

Sample

Subjects for the study consisted of 23 patients admitted to HENWOOD during a two-day admission period. Admission notices were sent to 32 but nine failed to show for admission.

Patients admitted to HENWOOD may not be classified as alcoholics. However, all are referred because they are experiencing personal difficulties largely resulting from their drinking practices.

At a general orientation meeting patients were informed that the intent of the study was to introduce them to skills they could use in their rehabilitative program. They were advised that they would be required to complete some questionnaires and all their group discussion would be audio recorded. The investigator would also spend four hours with them in their group.

The information received would be strictly confidential and the audio recordings and results of the study would be used for educational and research purposes.

The investigator received full support and acceptance from the patients to conduct the study.

During the program, four patients were discharged leaving a total of 19 subjects (3 females, 16 males). Of the four discharged patients, two were asked to leave because of lack of participation in the program and the other two left voluntarily.

It was requested that the three female patients be together in one group. (This is a common practice, at HENWOOD, when assigning patients to groups). The other patients were randomly assigned to one of three groups.

Selected characteristics of the subject population are presented in Table I. The only noticeable difference appears in Group II where the median year that "drinking was a problem" is considerably less. Otherwise other characteristics are equally common among the three groups.

Counsellors utilized for the study were selected from one team of counsellors who had volunteered for the study. Three female counsellors were randomly matched with three male counsellors to form three female/male pairs of counsellors. Each pair was then randomly assigned to one of the three groups for the 28-day treatment program.

All counsellors were told that the experiment consisted of teaching the patients selected skills but they

TABLE I

SUMMARY OF SUBJECT POPULATION BY SEX, MARITAL STATUS, AGE, MEDIAN YEAR OF SUCCESSFULLY COMPLETED EDUCATIONAL TRAINING, MEDIAN YEAR DRINKING A PROBLEM, AND EMPLOYMENT STATUS AT ADMISSION.

ITEM	GROUP I	GROUP II	GROUP III
Subjects			
Female	0	3	0
Male	7	4	5
Marital Status			
Single	2	1	1
Married	1	4	3
Divorced	1	1	0
Separated	2	0	1
Widowed	1	1	0
Median Age	43.5 yrs	41.5 yrs	40.2 yrs
Median Year of Successfully Completed Educational Training	9.8 yrs	10.5 yrs	10.6 yrs
Median Year Drinking a Problem	9.5 yrs	3.8 yrs	10.4 yrs
Employment Status at Admission			
Employed	4	4	2
Unemployed	3	3	3

need not alter any of their regular group counselling practices. The teaching would be conducted by the experimenter and they would only need to assist in some exercises during the training program. The nature of the design was explained to the counsellors.

The counsellors' age range was 26 to 64 years. The educational level attained by the counsellor ranged from high school (3), to registered nurse (1), to second year university (1), to bachelor's degree (1). Although none of the counsellors had any university training in group theory or practice, all had received in-service training and accrued counselling experience ranging from two to seven years. Four of the counsellors were members of Alcoholics Anonymous and their personal experience in A. A. ranged from seven to twenty years.

Program

The interpersonal skill of self-disclosure was selected for the training program because of its relevancy in the treatment of alcoholics. Forrest (1975) stated that "alcoholic patients who 'recover' seem to be those who progressively engage in more disclosing types of interpersonal behavior" (p. 176-177). In the same study, it was found that patients most successful were initially disclosing significantly more than the unsuccessful patients. The therapeutic value of Alcoholics Anonymous is largely based on the principle of self-disclosure (Alcoholics Anonymous, 1955).

The major objective of the training program was to teach patients how to self-disclose. Self-disclosure was regarded as the verbalization of (a) first personal pronouns, i.e. I, we, (b) affectional (feeling) content, and (c) immediate content, i.e. here and now. Hence, the global behavior of self-disclosure was divided into three components:-

1. Self-Reference -- refers to the expression of something about the patient in relation to himself. The person has to speak for himself and "own" what he is saying. The verbalized information should have personal meaning. The tendency to generalize or to be the group's spokesman must be minimized.
2. Emotional Content -- refers to the expression of a feeling experienced by the patient as a result of interaction with others or the environment. It is not enough for the patient to give personal information; he must also learn to express his feelings. The distinction between "I think" and "I feel" should be understood.
3. Immediacy -- refers to the expression of information that is occurring in the current time frame; information relating to the "here and now." As much as possible, the patient's discussion should focus on events or experiences happening in the present rather than past or future events.

The systematic training program is detailed in a step-by-step procedure and is found in Appendix A.

The training program was based on three central elements of learning, i.e., didactic, modeling, and experiential exercises. All three elements have been discussed by Carkhuff (1969) and have been shown to be most important in the teaching of specific skills (Whalen, 1969; Miller, 1973).

1. Didactic -- A short presentation was given on self-disclosure and on each of its components, i.e., self-reference, emotional content and immediacy. Questions were encouraged. The didactic presentations were kept at minimum length. The didactic approach approximates ten per cent of the total percentage of training time.

2. Modeling -- Three different types of modeling were utilized. At the very onset of the training program, the investigator conducted a role-play exercise with a counsellor to demonstrate the process of self-disclosure. The script allowed for a progressive disclosure of past and non-threatening information to a more immediate and personal experience.

A second form of modeling was the continuous utilization of the three components of self-disclosure by the investigator. As often as possible the three skills were modeled throughout the training program.

A video tape of patients in a group session was prepared for the study. Segments of the tape in which patients are utilizing the skills were isolated. Clients viewed approximately five minutes on each skill immediately following the didactic presentation. Twenty-five percent of the training did entail modeling.

3. Experiential -- Each patient completed two sentence stems on each of the three components of self-disclosure. Here also the topics were constructed to allow a progressive pattern of self-disclosure. For example, the first stem was "When it was suggested to me (by my wife, friends, boss, judge) that I get treatment I _____" in comparison to the last stem, which read "How do you feel when called an alcoholic? I now feel_____"

Dyads were then formed and each pair discussed answers to the sentence stem. After the dyadic discussion, all patients verbalized their answers to the group. The patients were paired with a different person for each set of exercises. The largest percentage of training time, approximately 60 per cent, was allocated to this mode of training.

Research Design

The selected design had to ensure that all patients would receive the training program. Also the design had to overcome the limitation that the training program could not be administered to all patients at once. Due to the nature of the treatment program at HENWOOD, it was also important that the study determine if there was a most suitable time to give the training program.

Thus a time-lagged multiple time series design was employed for the study. The selected design "functions as a source of hypothesis regarding the nature of the process of change" and it "provides information on whether the effect of our intervention is tied to a specific time" (Gottman, McFall & Barnett, 1969, pp. 300 & 301).

Four one-hour training sessions were given to each group. These sessions were given consecutively and at different times for each group in accordance with the design. Thus Group I received training at the beginning of the first week, Group II at the beginning of the second week, and Group III at the beginning of the third week. The treatment design is illustrated in Figure 1.

Instrumentation

The data of this study were recorded by means of four different types of instruments.

1. Self-Disclosure Questionnaire

A modified questionnaire from two studies (Drag, 1968; Friedman, 1969) as reported in Jourard (1971) was utilized. (Questionnaires are found in Appendices B-1 and B-2). Subjects in answering the 21 items were to

Treatment Day		1	2	5	6	12	13	14	19	20	26	27	28
Week Day		Th	F	M	T	M	T	W	M	T	M	T	W
Group I	AM		Admission	X	X								Discharge
	PM			X	X								
Group II	AM		Admission			X	X	X					Discharge
	PM					X	0						
Group III	AM		Admission						X	X			Discharge
	PM								X	X			

X = training session

0 = no group session that afternoon

Figure 1

Treatment Design

indicate: (a) the extent to which they revealed information in the past, and (b) their willingness to disclose information in the future. Thus, the questionnaire was divided into two parts.

A seven point rating scale, ranging from one (never talk, nor willing to talk about this item to anyone) to seven (have told everything and willing to disclose everything about this item to someone) is applied. The scaled frequency ratings for each level are added to provide a subject total "have disclosed" score and "willingness to disclose" score.

A third section was added to the questionnaire for the second administration. In answering the same 21 questions, subjects were reporting the amount of self-disclosure relative to the amount they had initially indicated.

The self-disclosure questionnaire was part of a battery of tests administered by the resident psychologist. All subjects were tested prior to commencement of treatment. The second administration of the questionnaire was conducted during a group counselling session on the 26th day of treatment. The questionnaire was given under the supervision of the group counsellor.

2. Group Audio-Tapes

The self-disclosure process was analyzed by means of audio-recordings. Group counselling sessions were recorded yielding an average of 23 recorded group sessions per group. Some group sessions consisted of viewing films and were therefore not recorded.

For the purpose of evaluation, a total of 12 one-hour group sessions were randomly selected from 23 one-hour group sessions. Fitting to the design, the 12 selected group sessions for Group I were held after the training program. As for Group II, four selected group sessions were held before the training program and eight group sessions after the training program. In Group III, eight selected group sessions were held before the training program and four group sessions after the training program.

Two segments of audio-recorded discussion were chosen from each of the selected 12 group sessions. The first segment was near the 20th minute mark and the second segment being close to the 40th minute mark of that one-hour group discussion. From each segment, three consecutive statements from one counsellor and three consecutive statements from three subjects (for a total of 12 statements) were transcribed. The same total of statements were also required for the second segment, but not necessarily from the same counsellor, nor the same subjects. Thus, for each one-hour group session, a total of 24 statements was extracted for evaluation.

The information from the audio-taped group discussions provided data for the three dependent measures proposed for this study.

Dependent Measure 1 -- Self-Reference Statements

A self-reference statement expresses something about the speaker in relation to himself, others, or the world. Typically these statements involve the use of personal pronouns such as I, me, my, and mine.

Dependent Measure 2 -- Feelings Statements

Feeling statements are characterized by: 1) self-evaluating; 2) evaluation of one's relationships with others; 3) subjective reactions of an emotional nature toward external events or others. These statements express a feeling experienced by the subject as a result of interaction with others or the environment, or they express a positive or negative evaluation.

Dependent Measure 3 -- Immediacy Statements

An immediacy statement refers to a statement relating to a current time frame. This is often regarded as a statement relating to the "here and now."

Two judges were trained to rate each statement for the three dependent measures. The scoring procedures for Self-Reference and Feeling Statements followed the criteria established by Green and Marlatt (1972). A rating procedure for Immediacy Statements was developed for this study by the investigator. The rating required tabulation of Self-Reference and Feeling Statements in each recorded statement. As for Immediacy Statements, a score of 1 or 0 was given, depending on whether the statement was considered immediate or not. (Scoring manual found in Appendix D). The added frequencies for the 24 statements provided an index for each of the three dependent measures during the one-hour group discussion.

3. Sentence Completion Blanks

Sentence Completion Blanks were utilized to measure the immediate and long-term effects of the training program on self-disclosure.

A composite list of 45 sentence stems was comprised. All 20 stems from the Greene's (1964) Sentence Completion Blank for Measuring Self-Disclosure (Jourard, 1971), 18 selected stems from Rotter's Incomplete Sentences Blank (1950) and 7 developed stems for this study made up this composite list. Each one of the 45 sentence stems was randomly assigned to one of the three Sentence Completion Blanks (located in Appendices C-1, C-2, and C-3).

The Sentence Completion Blanks Part I was given prior to the training program while the Sentence Completion Blanks Part II was administered immediately following the training program. Both Sentence Completion Blanks were administered by the experimenter. The Sentence Completion Blanks Part III was part of the one-month follow-up information mailed to subjects.

Three trained judges rated the Sentence Completion Blanks in accordance with guidelines developed by Greene (1964). The rating systems required each sentence stem to be assigned a scale value from one to five, depending on its judged degree of revealment. Level one disclosures were evasive; those of level five were very revealing. The sum of the subject's scale value for all 15 stems provided an index of self-disclosure. (Scoring manual found in Appendix C-4).

4. Follow-up Questionnaire

A follow-up questionnaire was mailed to 19 subjects one month after the completion of the treatment program. A sample of the letter and a copy of the questionnaire are found in Appendices E and F.

The questionnaire had two sections. The first section was the Sentence Completion Blanks previously referred to. The second section contained 17 questions relating to general areas of health and social adjustment, continued treatment assistance, drinking practices and self-disclosure patterns.

A total of 17 questionnaires was returned; 13 within two weeks. Three subjects were contacted by phone and they forwarded their questionnaires within five days. A letter was sent to the other three non-respondents and one questionnaire was received.

Reliability of Judges

Judges were required for the scoring of the group audio-tape statements and the Sentence Completion Blanks. Two judges received two hours of training in the understanding and utilization of the scoring manual for audio-tapes (Appendix D). Practice with similar statements was given until a high and consistent agreement between both judges on each statement was obtained.

The scoring of the audio-tape statements yielded a total of 864 ratings for the three dependent measures. Both judges agreed with each other on 93.6 per cent of the time for Self-Reference Statements, 86.1 per cent for Feeling Statements and 78.3 for Immediacy Statements.

The same two judges with one additional judge were trained to rate the level of self-disclosure on sentence stems in accordance with the Sentence Completion Blanks Scoring Manual (Appendix C-4).

A total of 990 sentence stems on the Sentence Completion Blanks were rated by the three judges. To verify the inter-judge reliability, a 10 per cent sample of ratings (N = 99) was selected. A correlation of .80 was found as the inter-judge correlation between the three judges.

Hypotheses

Appropriate null hypotheses were developed to answer the following questions: (1) would there be a significant difference between pre and post treatment measures on amount of information patients report having disclosed, and also on the amount of information they were willing to disclose; (2) would there be a significant difference between the amount of information "having disclosed" and "willing to disclose" on pretreatment measures and also on post treatment measures; (3) would there be a significant difference between the three groups on the amount of group verbal behaviors on pre and post training measures; and (4) would there be a significant difference between the three groups on the level of written self-disclosure on measures taken before training, after training, and at follow-up.

Analysis of Data

In testing the null hypotheses, a one-tailed test was used with a significant level of $p < .05$ needed to reject the null hypotheses. The correlated 't' test was used as the statistical analysis.

In addition, the Self-Disclosure Questionnaire Part III was analyzed as well as the follow-up questionnaire and the subjective feedback from patients and counsellors. Graphs showing the process of self-disclosure during the 28 day treatment program were also prepared.

Specific null hypotheses are reported along with results of the data in the following chapter.

CHAPTER IV

Results and Discussion

The analysis and discussion of the results found in this chapter are presented in five sections. Section I reports the results of the pre-treatment and post-treatment data on the subjects level of self-disclosure as reported on the Self-Disclosure Questionnaire. Section II deals with the process of self-disclosure during the 28-day treatment period by examining the data from the audio-tapes. Results of subjects' level of written self-disclosure as measured by the Sentence Completion Blanks are presented in Section III. Section IV describes the data gathered from the follow-up questions on health, social adjustment, drinking patterns and self-disclosure. This chapter concludes with a final section on feedback the investigator received from both patients and counsellors participating in the study.

Self-Disclosure Questionnaire

This section deals with the analysis to test four specific null hypotheses as relating to the Self-Disclosure Questionnaire.

Means and standard deviations were developed for the pre and post treatment measures on the Self-Disclosure Questionnaire and are reported in Table II.

Hypothesis I -- There would be no significant difference in the amount of information reported "having

TABLE II

SUMMARY OF MEANS AND STANDARD DEVIATIONS FOR SCORES IN SELF-DISCLOSURE QUESTIONNAIRE ON PRE TREATMENT AND POST TREATMENT MEASURES.

	Self-Disclosure Questionnaire								
	Part I			Part II			Part III		
	N	$\bar{X}$	SD	N	$\bar{X}$	SD	N	$\bar{X}$	SD
Pre Treatment	19	81.9	11.3	19	109.4	22.4		*	
Post Treatment	19	91.6	25.3	19	107.9	23.3	19	96.3	22.3

*Part III of questionnaire was not administered at commencement of treatment.

disclosed" on the Self-Disclosure Questionnaire Part I between measures taken before treatment and after treatment.

A correlated "t" test was used (Table III) to test the assumption put forth by the hypothesis #1. Results of this analysis fail to reject the null hypothesis #1. Patients did not report having significantly disclosed more after participating in the 28-day treatment program.

Hypothesis II -- There would be no significant difference in the amount of information reported "willing to disclose" on the Self-Disclosure Questionnaire Part II between measures taken before treatment and after treatment.

Patients did not report a greater willingness to self-disclose after the 28-day treatment program as results indicate in Table III. Thus the null hypothesis #2 is not rejected.

Hypothesis III -- There would be no significant difference between the amount of information reported "having disclosed" and "willing to disclose" on the Self-Disclosure Questionnaire, Part I and Part II, on measures taken before treatment.

Table IV presents the results from a correlated "t" test on scores between "have disclosed" and "willing to disclose" on both pre and post treatment measures. Findings from this analysis indicate a rejection of the null

TABLE III

SUMMARY OF MEANS, STANDARD DEVIATIONS AND "t" VALUES FOR SCORES IN SELF-DISCLOSURE QUESTIONNAIRE PART I (HAVE DISCLOSED) AND PART II (WILLING TO DISCLOSE) ON PRE TREATMENT AND POST TREATMENT MEASURES.

	Have Disclosed				Willing to Disclose			
	N	$\bar{X}$	SD	"t"	N	$\bar{X}$	SD	"t"
Pre Treatment	19	81.9	11.3	-1.47	19	109.4	22.4	.308
Post Treatment	19	91.6	25.3		19	107.9	23.3	

hypothesis #3. The patients reported at the onset of treatment a willingness to disclose more than they had previously disclosed.

Hypothesis IV -- There would be no significant difference between the amount of information reported "having disclosed" and "willing to disclose" on the Self-Disclosure Questionnaire, Part I and Part II, on measures taken after treatment.

Findings in Table IV show that, at the conclusion of the program, the patients were indicating a willingness to disclose more than they actually had disclosed during the program. Hypothesis #4 is rejected.

Part III of the Self-Disclosure Questionnaire was introduced in this study to determine the level of patients' perceived growth in self-disclosure. Patients were asked to record the extent of self-disclosure at post treatment relative to the amount reported at pre-treatment. Results in Table II indicate that the mean score for Part III is 14.4 points higher than the mean score for Part I at pre treatment. The average score on the rating scale is 84 and represents "I disclosed same amount." Considering the average score, patients have moved from a position shy of the average to a mean score slightly higher than the average. Thus the mean score of 96.3 on Part III of the Self-Disclosure Questionnaire approaches the next average rating of 105, which is

TABLE IV

SUMMARY OF MEANS, STANDARD DEVIATIONS, AND "t" VALUES FOR SCORES BETWEEN "HAVE DISCLOSED" AND "WILLING TO DISCLOSE" ON PRE TREATMENT AND POST TREATMENT MEASURES.

	Pre Treatment				Post Treatment			
	N	$\overline{X}$	SD	"t"	N	$\overline{X}$	SD	"t"
Have Disclosed	19	81.9	11.3	5.32*	19	91.6	25.3	3.12*
Willing to Disclose	19	109.4	22.4		19	107.9	23.3	

*Significant $p < .05$ level

"I disclosed slightly more." This indicates a positive direction in self-disclosure growth for patients in the study.

A Pearson-Product Moment Correlation was carried out on scores obtained on the Self-Disclosure Questionnaire, Part I (have disclosed) for pre and post treatment measures. A similar test was conducted for scores on the Self-Disclosure Questionnaire, Part II (willing to disclose). Results yielded a correlation of -.09 on have disclosed scores and a correlation of .58 for willing to disclose. These findings suggest that changes occurred in both directions. Some patients reported a drastic increase in the amounts disclosed and willing to disclose, while others indicated the opposite.

In summary, the findings from the Self-Disclosure Questionnaire indicate that the effects of the treatment program seemed negligible on the reported amount of self-disclosure by patients. That is, patients did not report having disclosed more nor willing to disclose more at the end of the treatment program when compared with measures taken at the onset of treatment. However, there was a significant difference between the willingness to disclose more, both on pre treatment and post treatment measures when compared with amounts disclosed. There was also a minimal amount of self-disclosure growth with some patients.

Group Audio-Tapes

This section presents the data retrieved from the group audio-tapes. The first part of this section presents the data for statistical analyses, while the data are graphically presented in the second part. Three null hypotheses were formulated.

Hypothesis V -- There would be no significant difference between each of the three groups in the amount of the patient's Self-Reference Statements on group audio-tape measures taken before training and after training.

Hypothesis VI -- There would be no significant difference between each of the three groups in the amount of patients' Feeling Statements on group audio-tape measures taken before training and after training.

Hypothesis VII -- There would be no significant difference between each of the three groups in the amount of Immediacy Statements on group audio-tape measures taken before training and after training.

Table V contains the means and standard deviations for patients' scores on Self-Reference Statements, Feeling Statements, and Immediacy Statements on pre and post training measures for the three groups. As can be seen in Table V, there is very little differentiation between each of the groups on the three dependent measures.

The counsellors' scores on the three dependent measures are contained in Table VI. There appears to be no

TABLE V

SUMMARY OF MEANS AND STANDARD DEVIATIONS OF PATIENTS' SELF-REFERENCE STATEMENTS, FEELING STATEMENTS, AND IMMEDIACY STATEMENTS ON PRE TRAINING AND POST TRAINING MEASURES FOR THREE GROUPS.

		GROUP I			GROUP II			GROUP III		
	STATEMENTS	N*	$\bar{X}$	SD	N	$\bar{X}$	SD	N	$\bar{X}$	SD
Pre Training	Self-Reference				4	17.9	8.07	8	11.2	4.09
	Feeling		**		4	3.9	4.15	8	2.1	.89
	Immediacy				4	3.9	2.69	8	4.3	2.58
Post Training	Self-Reference	12	14.2	2.88	8	17.5	2.05	4	10.8	5.30
	Feeling	12	2.4	1.73	8	3.2	1.94	4	1.5	1.08
	Immediacy	12	4.6	2.34	8	4.3	2.28	4	2.5	1.96

* N refers to the number of individual group sessions.

** Group I was given training program during first week hence no pre training data are available.

TABLE VI

SUMMARY OF MEANS AND STANDARD DEVIATIONS OF COUNSELLORS' SELF-REFERENCE STATEMENTS, FEELING STATEMENTS, AND IMMEDIACY STATEMENTS ON PRE TRAINING AND POST TRAINING MEASURES FOR THREE GROUPS.

		GROUP I			GROUP II			GROUP III		
	STATEMENTS	N*	$\overline{X}$	SD	N	$\overline{X}$	SD	N	$\overline{X}$	SD
Pre Training	Self-Reference				4	3.0	1.40	8	2.2	2.10
	Feeling		**		4	2.4	1.10	8	.5	.80
	Immediacy				4	2.0	.81	8	2.0	1.46
Post Training	Self-Reference	12	2.5	2.49	8	1.5	.53	4	.5	.71
	Feeling	12	1.5	1.64	8	1.3	.75	4	.3	.50
	Immediacy	12	1.6	1.20	8	1.9	1.20	4	.6	.63

* N refers to the number of individual group sessions.

** Group I was given training program during first week hence no pre training data are available.

noticeable differences between counsellors in each group on any of the measures.

From observation of the data in Tables V and VI, hypotheses V, VI, VII cannot be rejected. Further evidence leading to a non-rejection of hypotheses V, VI, VII can be interpreted from the information that follows.

A series of graphs were prepared to enable the observation of the development of self-disclosure over a period of time, and the effects of the training program on specific group verbal behaviors. The graphs present the three dependent measures of self-disclosure; namely, self-reference statements, feeling statements and immediacy statements.

To prepare these graphs, the data were grouped and are presented in Tables VII and VIII. The average responses emitted during four group sessions were totalled and averaged into one combined session. Thus each combined session represents four individual group sessions and the score indicates the average number of responses given during these four group sessions.

The graphs present the observed scores of patients and counsellors responses and also the expected scores according to the hypotheses underlying this study. The presentation and discussion of these graphs will be according to Group I, Group II and Group III.

TABLE VII

PATIENTS' SCORES ON SELF-REFERENCE, FEELING AND IMMEDIACY STATEMENTS FOR GROUPS I, II, AND III FOR COMBINED SESSIONS.

GROUP	COMBINED SESSION*	STATEMENTS		
		Self-Reference	Feeling	Immediacy
I	1	14.3	2.9	5.1
	2	14.1	1.8	6.0
	3	14.1	2.5	2.8
II	1	17.9	3.9	3.9
	2	17.9	2.4	3.9
	3	17.1	4.0	5.1
III	1	8.5	2.3	5.3
	2	13.9	2.0	3.3
	3	10.8	1.5	2.5

*Each combined session represents four individual group sessions.

TABLE VIII

COUNSELLORS' SCORES ON SELF-REFERENCE, FEELING AND IMMEDIACY STATEMENTS FOR GROUPS I, II AND III FOR COMBINED SESSIONS.

GROUP	COMBINED SESSION*	STATEMENTS		
		Self-Reference	Feeling	Immediacy
I	1	2.8	2.5	1.6
	2	2.8	.8	2.6
	3	1.9	1.1	.9
II	1	3.0	2.4	2.0
	2	1.8	1.3	2.8
	3	1.3	1.4	1.1
III	1	3.3	.5	.5
	2	1.1	.5	.3
	3	.5	1.5	.6

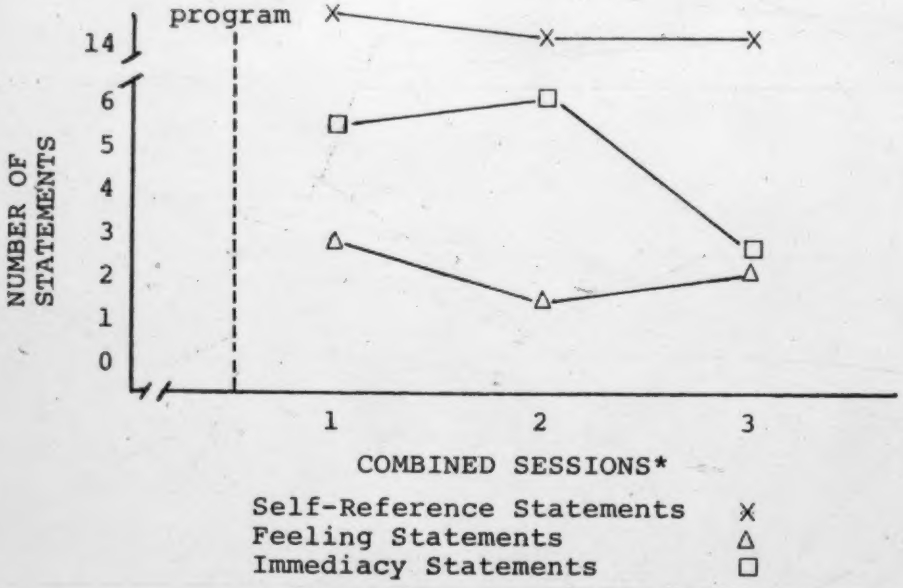
*Each combined sessions represents four individual group sessions.

Group I -- Figure 2 illustrates the patients' responses on Self-Reference Statements, Feeling Statements and Immediacy Statements. It should be noted that for this group only, no pre training data is available. Results show a fluctuation of responses on all three measures. No significant developed pattern of self-disclosure, as a result of the training program, can be observed. Patients in this group consistently reported more self-reference statements and fewer feeling statements.

Figure 3 indicates the counsellors' responses on the three measures. Findings show some fluctuation of responses with no consistent pattern on any of the three measures.

In comparing patients and counsellors response patterns a fairly close parallel in pattern can be seen. A modeling effect could be inferred from this observation.

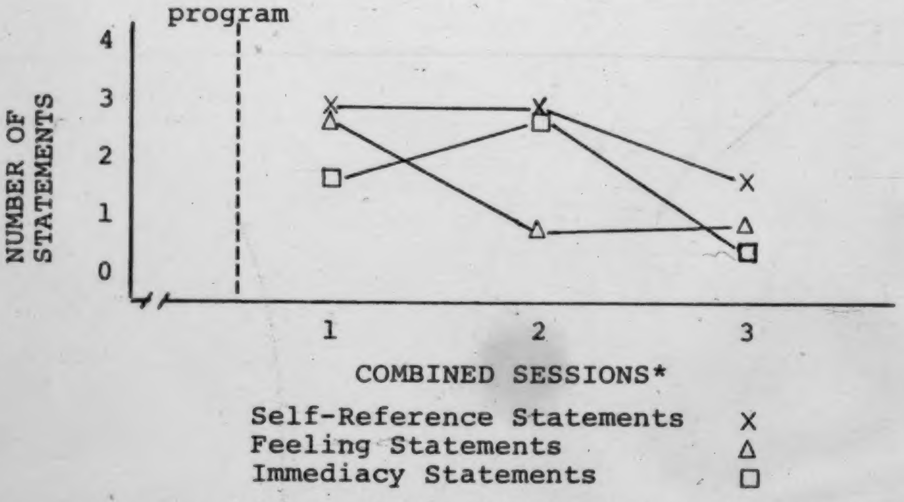
Figure 4 presents the expected scores for both patients and counsellors in Group I on all three dependent measures. The scores are arbitrarily set by the experimenter and the pattern of self-disclosure reflects the experimenter's expectations. Since the group had received training, one would expect a higher number of responses on all three measures, and particularly from counsellors. Also, there should be constant increases on all three measures as practice, reinforcement and modeling



*Each combined session represents average scores from four individual group sessions.

Figure 2

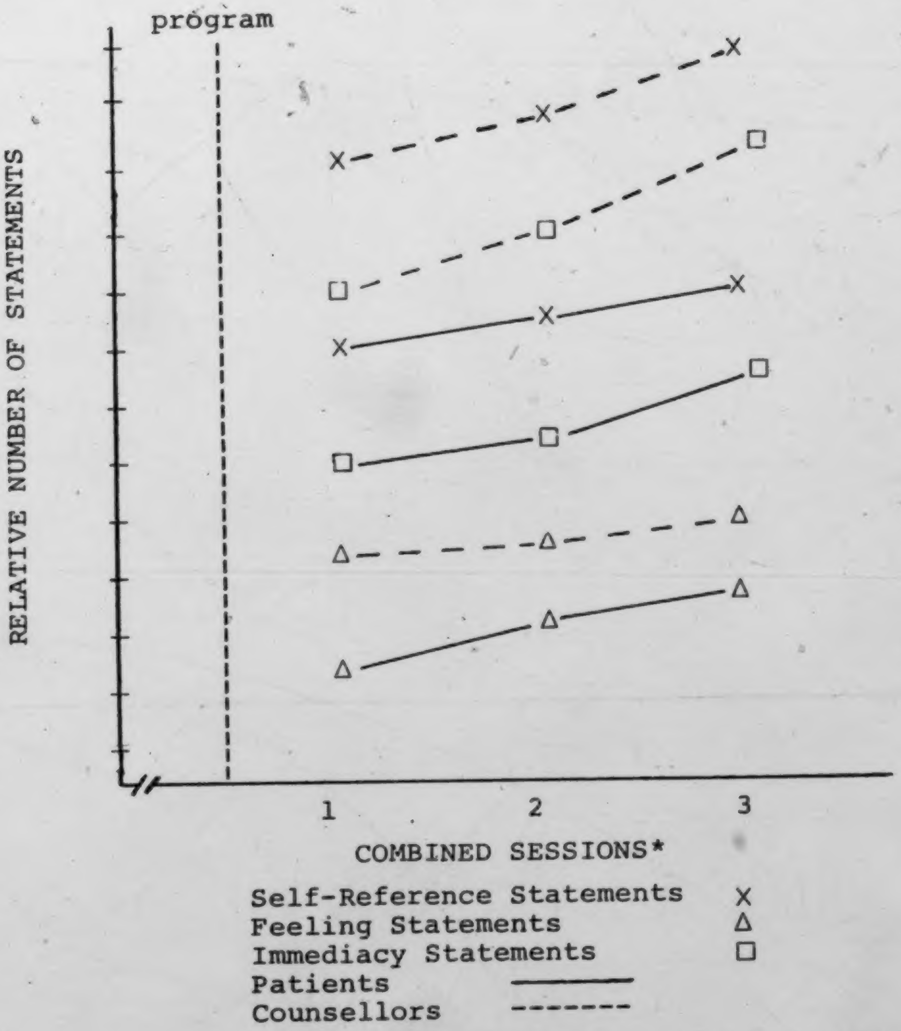
Observed scores of Self-Reference Statements, Feeling Statements and Immediacy Statements for Group I Patients during 12 group sessions.



*Each combined session represents average scores from four individual group sessions.

Figure 3

Observed scores of Self-Reference Statements, Feeling Statements and Immediacy Statements for Group I Counsellors during 12 group sessions.



*Each combined session represents average scores from four individual group sessions.

Figure 4

Expected scores of Self-Reference Statements, Feeling Statements and Immediacy Statements for Group I Patients and Counsellors during 12 group sessions.

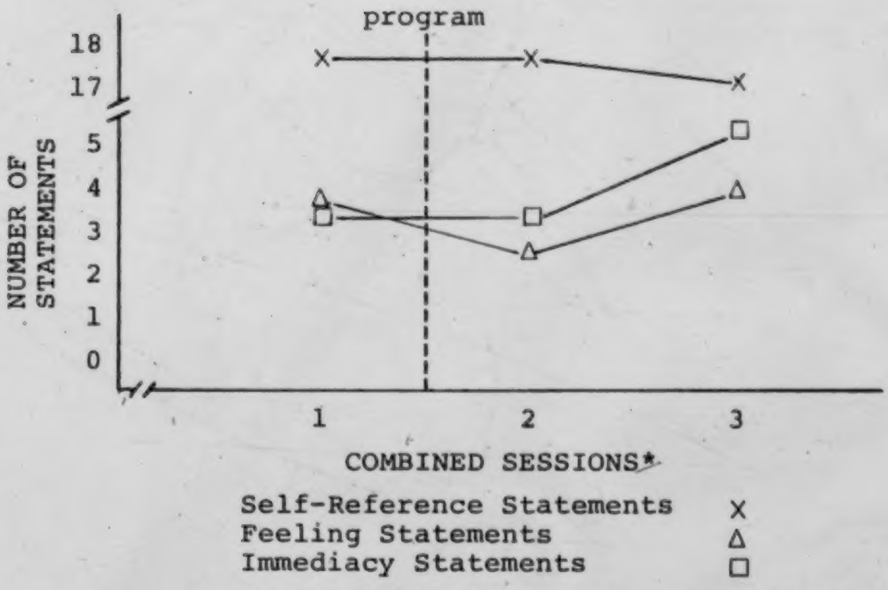
continues to be applied. However, the data do not support these expectations.

Group II -- This group had one week of experience in the treatment program before receiving the training program. Figure 5 indicates that substantial amounts of self-reference statements were given prior to the training program, and this pattern did not increase but somewhat subsided. A fair degree of fluctuation can be seen on the other two measures. Observation of Figure 5 does not show any immediate difference in the pattern of self-disclosure resulting from the training program.

The counsellors in Group II provided a low and varied level of self-disclosure throughout the 28-day treatment program. The training program did not elevate the level of self-disclosure given by the counsellors (see Figure 6). In fact fewer self-reference statements, feeling statements and immediacy statements were given as the treatment program progressed.

There is little parallel pattern of self-disclosure between patients and counsellors, except perhaps for feelings statements. The modeling effect in this group would seem negligible.

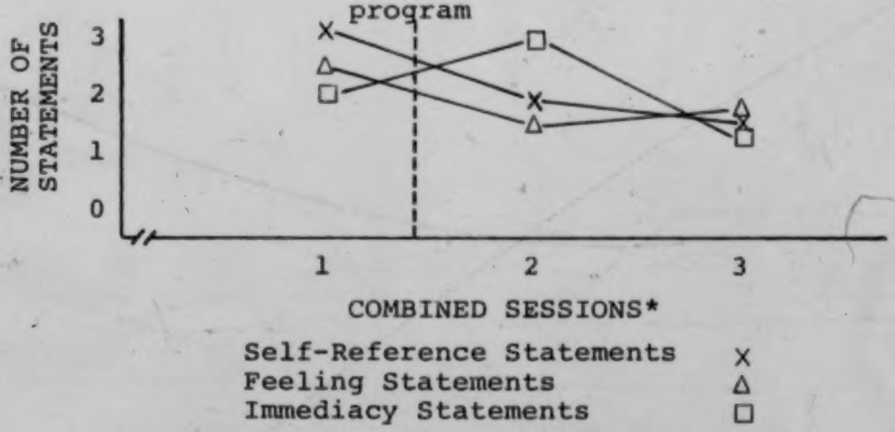
The expected scores for Group II are shown in Figure 7. One would expect counsellors to be utilizing self-reference, feeling and immediacy statements prior



*Each combined session represents average scores from four individual group sessions.

Figure 5

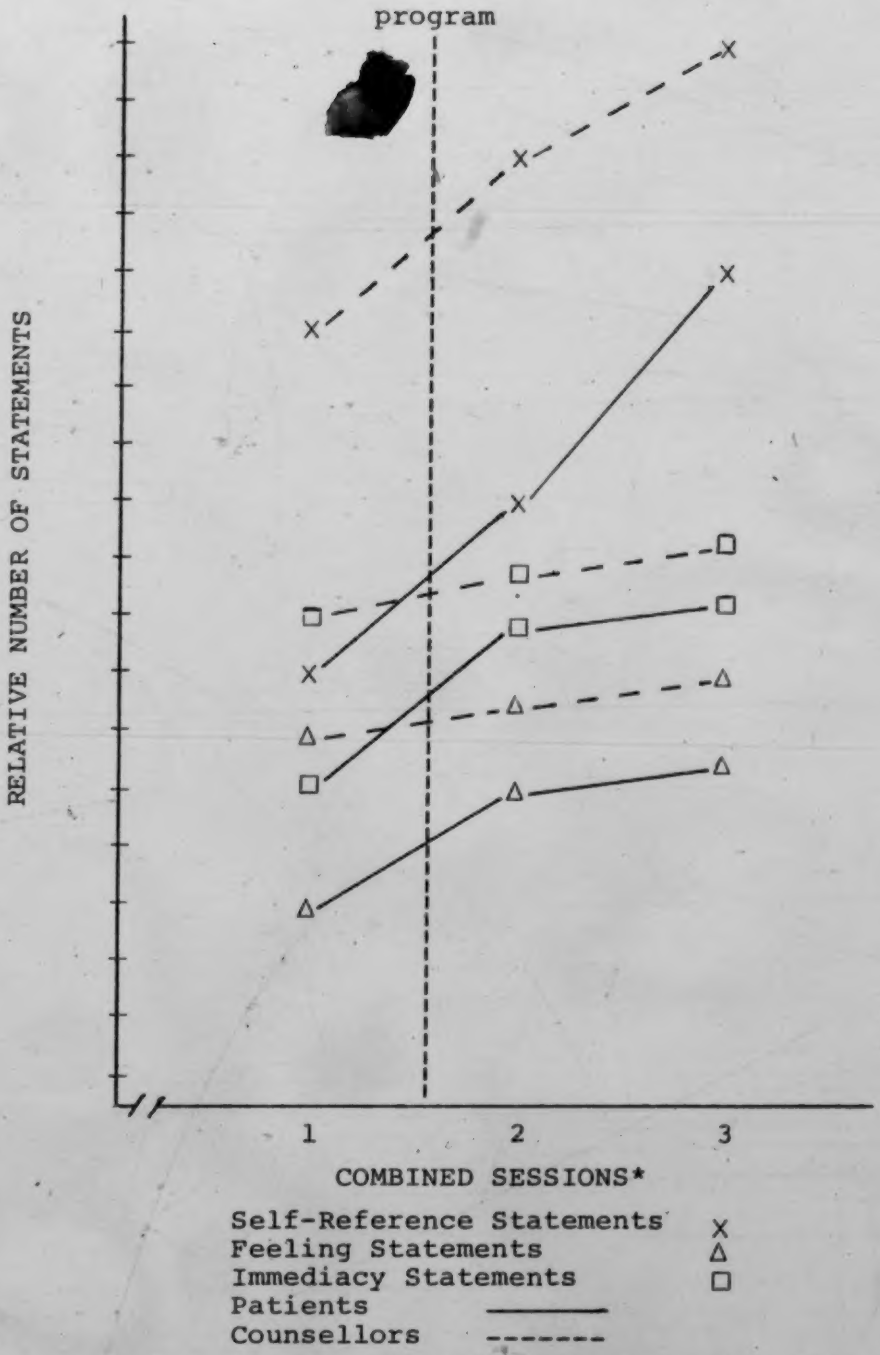
Observed scores of Self-Reference Statements, Feeling Statements and Immediacy Statements for Group II Patients during 12 group sessions.



*Each combined session represents average scores from four individual group sessions.

Figure 6

Observed scores of Self-Reference Statements, Feeling Statements and Immediacy Statements for Group II Counsellors during 12 group sessions.



*Each Combined session represents average scores from four individual group sessions.

Figure 7

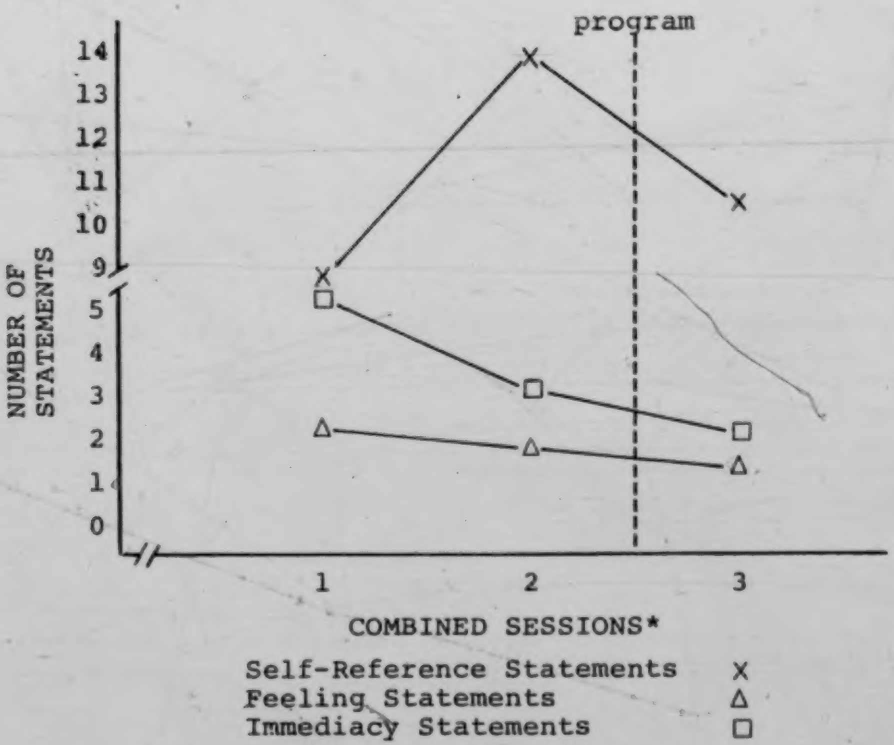
Expected scores of Self-Reference Statements, Feeling Statements and Immediacy Statements for Group II Patients and Counsellors during 12 group sessions.

to the training program and a continued increase subsequent to the training program. The patients' responses should dramatically increase after the training program and moderately increase until the termination of their treatment program. Neither of these assumptions are supported by the data from Figures 5 and 6.

Group III -- The training program was introduced to this group on the 19th day of treatment. From observation of Figure 8 the training program had no significant effects in increasing the amount of self-disclosure; in fact, a decrease in self-disclosure is indicated. No consistent pattern of self-disclosure is present. The patients maintained a varied level of self-disclosure throughout their treatment program. Self-reference statements were much more frequent than feeling and immediacy statements.

The counsellors' level of self-disclosure in Group III can be seen in Figure 9. Results show a fluctuation of low self-disclosure responses on all three measures, but more so before the training program. There appears to be parallel patterns of self-disclosure between patients and counsellors, particularly for feelings and immediacy statements.

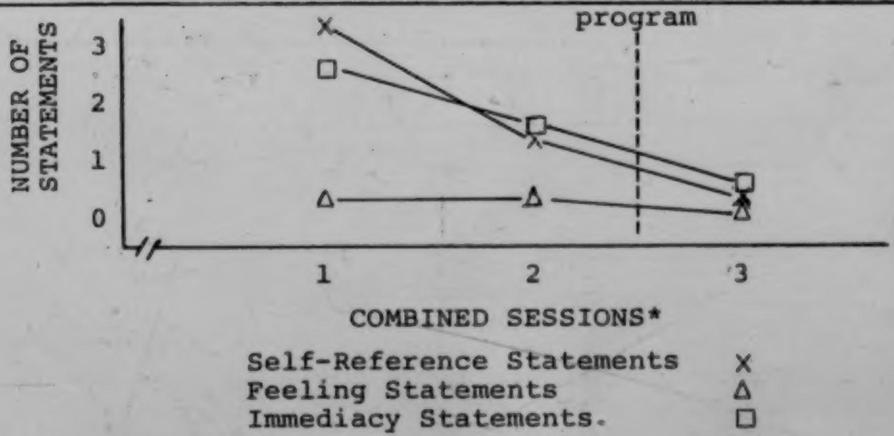
Since this group is receiving the training program very close to the end of their treatment program, one would assume that the counsellors would have introduced



*Each combined session represents average scores from four individual group sessions.

Figure 8

Observed scores of Self-Reference Statements, Feeling Statements and Immediacy Statements for Group III Patients during 12 group sessions.



*Each combined session represents average scores from four individual group sessions.

Figure 9

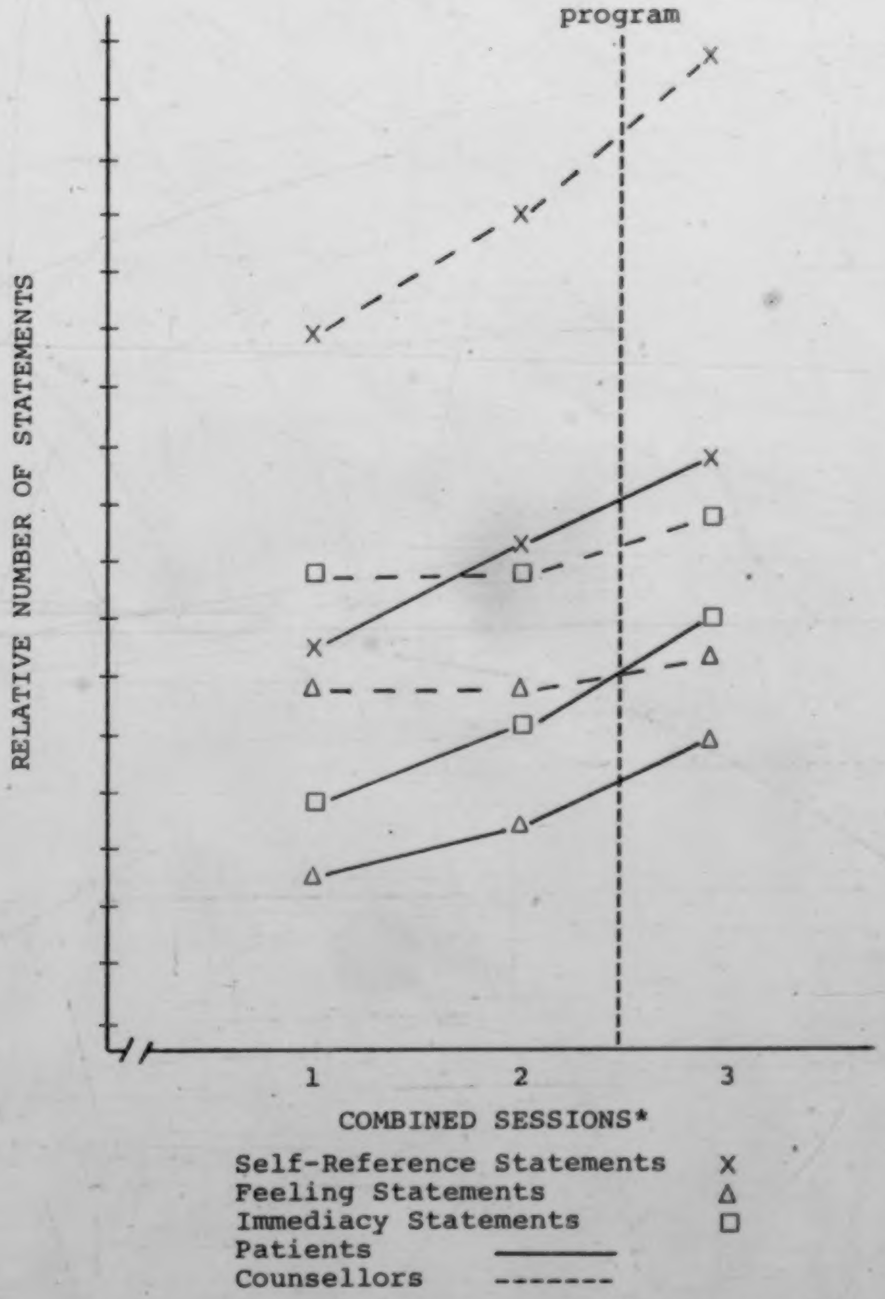
Observed scores of Self-Reference Statements, Feeling Statements and Immediacy Statements for Group III Counsellors during 12 group sessions.

and modeled the three dependent measures (see Figure 10) The effects of the training program would be to reinforce what should have been given, and also to accelerate the level of self-disclosure. Although the data indicates a fair amount of self-reference statements given by patients prior to the training program, no increases are present for any of the three measures following the training program.

Figures 11, 12 and 13 show patients responses on each of the three dependent measures, i.e., self-reference statements, feeling statements and immediacy statements. Examination of these graphs indicate that of the three measures, self-reference statements were most frequently given and feeling statements were the least given responses by all three groups.

The counsellors responses on the three measures are shown on Figures 14, 15 and 16. For each measure, the frequency of responses is fairly low and does not follow a consistent process. The effects of the training program on counsellors' expression of self-disclosing statements remain questionable.

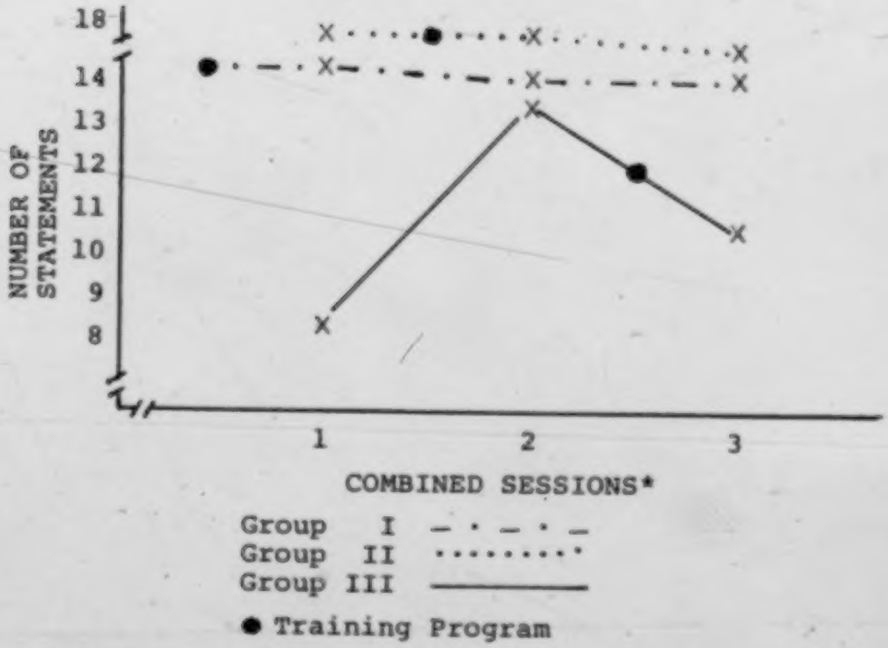
In summary, data from the audio-tapes indicate: (a) that the training program had no significant effect in increasing the amount of self-disclosure statements made by the patients and the counsellors: (b) that the process of self-disclosure did not follow a consistent



*Each combined session represents average scores from four individual group sessions.

Figure 10

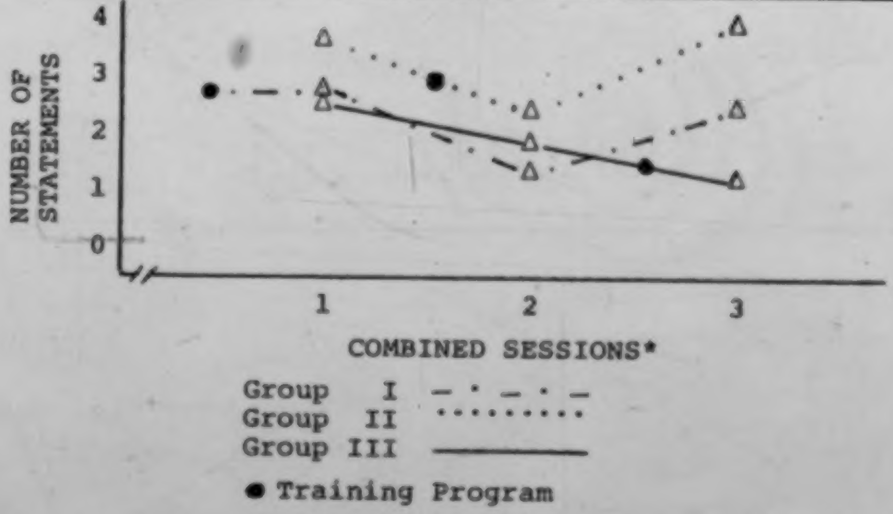
Expected scores of Self-Reference Statements, Feeling Statements and Immediacy Statements for Group III Patients and Counsellors during 12 group sessions.



*Each combined session represents average scores from four individual group sessions.

Figure 11

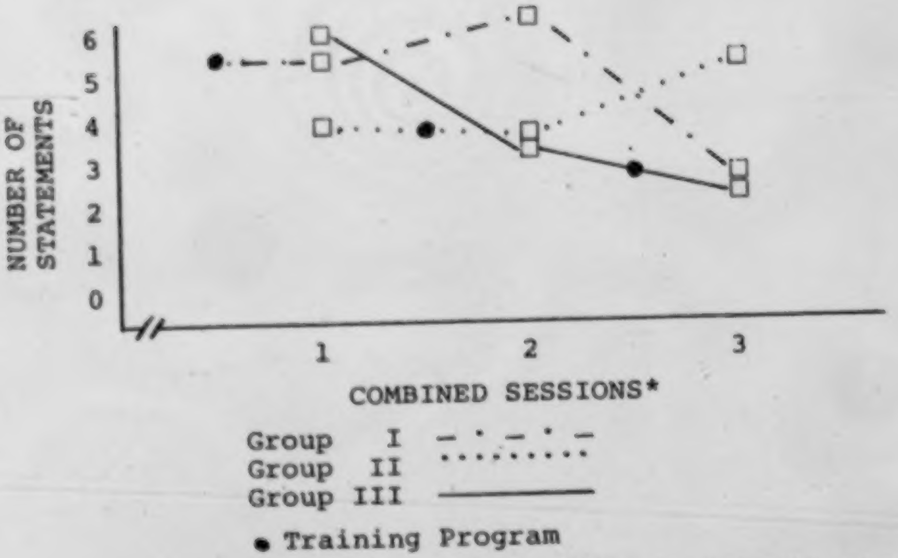
Observed scores of Patients Self-Reference Statements for Groups I, II and III during 12 group sessions.



*Each combined session represents average scores from four individual group sessions.

Figure 12

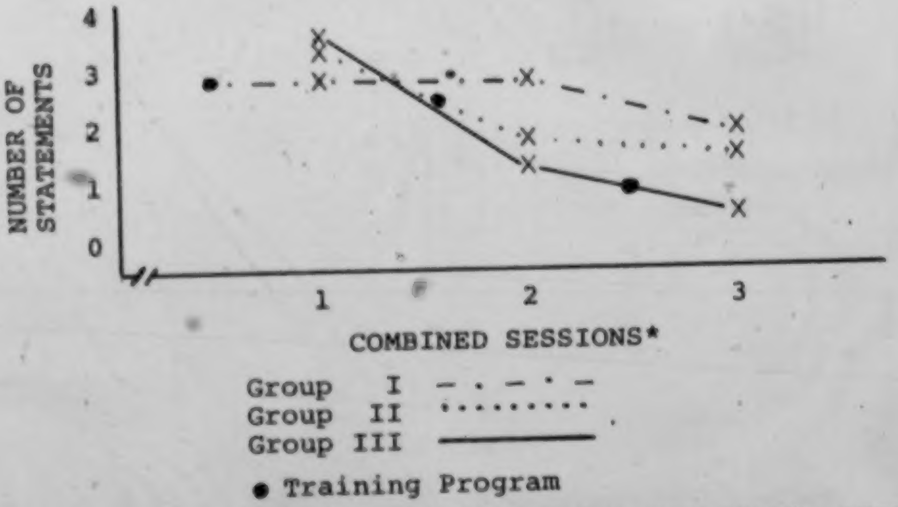
Observed scores of Patients Feeling Statements for Groups I, II and III during 12 group sessions.



*Each combined session represents average scores from four individual group sessions.

Figure 13

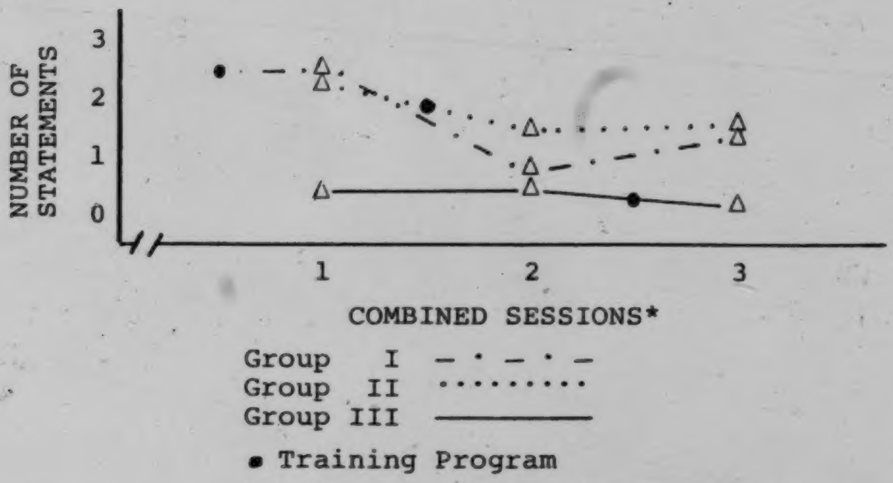
Observed scores of Patients Immediacy Statements for Groups I, II and III during 12 group sessions.



*Each combined session represents average scores from four individual group sessions.

Figure 14

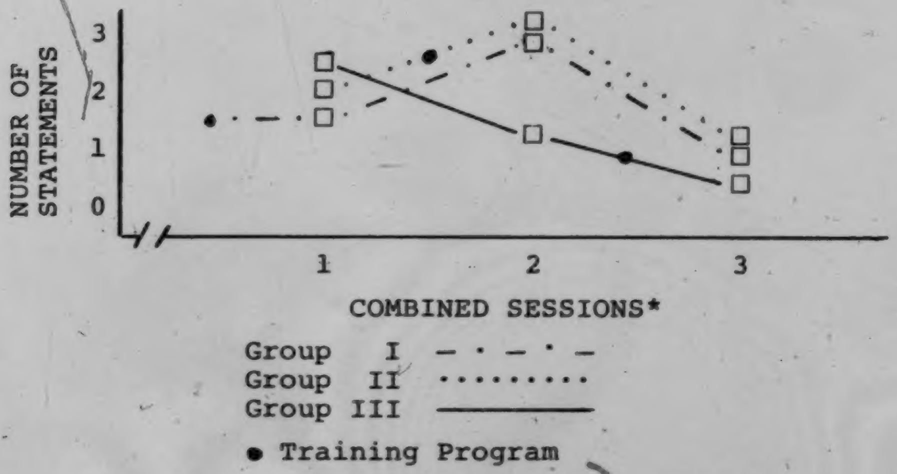
Observed scores of Counsellors Self-Reference Statements for Groups I, II and III during 12 group sessions.



*Each combined session represents average scores from four individual group sessions.

Figure 15

Observed scores of Counsellors Feeling Statements for Groups I, II and III during 12 group sessions.



*Each combined session represents average scores from four individual group sessions.

Figure 16

Observed scores of Counsellors Immediacy Statements for Groups I, II and III during 12 group sessions.

pattern for any of the three groups during the 28-day treatment program. Patients in all three groups reported a higher number of self-reference statements and fewer feeling statements. There is no evidence to support that a modeling effect occurred during the treatment program.

Sentence Completion Blanks

This section presents data from the Sentence Completion Blanks which were administered immediately prior to the training program (Part I), following the training program (Part II), and which were also part of the follow-up questionnaire (Part III). The data were analyzed to verify the following null hypothesis.

Hypothesis VIII -- There would be no significant difference between the level of written self-disclosure on the Sentence Completion Blanks on measures taken before training, after training and at follow-up for each of the three groups.

A correlated "t" test was conducted and results are found in Table IX. Findings show no significant difference on the level of written self-disclosure between measures taken on three different occasions for each of the three groups. Thus hypothesis #VIII was not rejected.

The Sentence Completion Blanks was introduced to measure the immediate and long term effects of the training program. Data presented indicate no training effects on the level of written self-disclosure.

TABLE IX

SUMMARY OF MEANS, STANDARD DEVIATION, AND "t" VALUES FOR SCORES ON SENTENCE COMPLETION BLANKS FOR THE THREE GROUPS ON PRE TRAINING, POST TRAINING AND FOLLOW-UP MEASURES.

	GROUP I				GROUP II				GROUP III			
	N	$\overline{X}$	SD	"t"	N	$\overline{X}$	SD	"t"	N	$\overline{X}$	SD	"t"
Pre Training	7	44.4	4.80		7	44.6	1.48		5	44.0	1.23	
				.58				.31				.09
Post Training	7	43.6	3.78		7	44.3	2.76		5	43.9	3.11	
				.55				4.60				-.00
Follow-Up	6	42.2	3.56		7	40.8	2.17		4	38.2	4.80	

All three groups report a mean self-disclosure index score very close to the average rating on all three testing occasions. The average rating score is 45 and indicates that, at this level, the person discloses information that generally is not relative to subjective, inner experiences, but rather relates to people and events in the world outside himself. Thus, the information presented is considered to be of an "external" nature. However, the mean index score, again for all three groups, follows in decreasing value as time progresses. This scoring tendency negates the effect of the training program on the level of written self-disclosure.

The level of written self-disclosure reported does not appear to be related to when the training occurred. In fact, the mean score for all three groups is almost identical immediately prior to the training program, even though the program was given at different times. One would have expected that patients in Groups II and III would have been significantly higher due to their experience in the treatment program.

Results indicate that, after one month in the community, the patients' level of written self-disclosure was not significantly more nor less than when they were at HENWOOD and somewhat lower scores were reported.

In summary, the effects of the training program on the level of written self-disclosure was negligible.

All three groups reported information relating to outside events rather than more personal and inner experiences. This represents a lower level of self-disclosure in relation to what was expected. A similar level of self-disclosure is reported after a one-month follow-up. This indicates that, during a period of 60-days, of which 28 were treatment days, the written level of patients' self-disclosure did not change significantly.

Follow-Up Questionnaire

A follow-up questionnaire was mailed to the 19 patients one month after they had completed the treatment program. A total of 17 questionnaires were returned. Results from the questionnaires are presented in Table X.

Twelve patients, seventy per cent, indicated an improvement in regard to: (a) their general physical health; (b) satisfaction with life; (c) feeling about themselves and their social life; (d) their relationship with their immediate family. The relationship with their fellow workers was viewed as unchanged by ten patients. These findings suggest that the treatment program was regarded as beneficial to a fairly large percentage of patients.

Patients were advised when leaving HENWOOD that they should continue their treatment program by attending counselling sessions or A.A. meetings. Seven patients had not attended any A.A. meetings and only three patients

TABLE X

SUMMARY OF RESULTS FROM FOLLOW-UP QUESTIONNAIRE

	somewhat worse than before treatment	unchanged	somewhat better than before treatment	much better than before treatment
1. General physical health		3	5	9
2. General satisfaction with life --	1	4	6	6
3. How do you feel about yourself --		3	6	8
4. How do you feel your social life is going? That is, friends, activities, etc.	2	3	10	2
5. Your relationship with your immediate family is --		5	3	9
6. Your relationship with fellow-workers is --	1	10	1	5

TABLE X cont'd

7. How many A. A. meetings have you attended since leaving Henwood?	Subjects	Meetings	
	7	0	
	4	2	
	2	3	
	2	4	
	1	6	
	1	8	
8. How many counselling sessions have you attended since leaving Henwood --	Subjects	Sessions	
	13	0	
	2	1	
	1	4	
	1	18	
9. Drinking pattern since leaving Henwood --	drink somewhat less than before treatment	drink much less than before treatment	reported not drinking
	2	3	12
10. How many days since leaving Henwood have you been abstinent (dry)?	Subjects	Days	
	12	everyday	
	1	21	days abstinent after drinking again
	1	24	
	1	25	
	1	47	
	1	50	
11. On how many days did you drink since leaving Henwood?	Subjects	Sessions	
	12	0	
	1	1	
	1	2	
	1	3	
	1	6	
	1	7	

TABLE X cont'd

12. Are you satisfied with your present level of drinking?		YES -- 16	NO -- 1
13. If no, what are you planning to do about your present level of drinking?		cut it out entirely	
		1	
14. Do you talk about personal things with your family?	unchanged	talk somewhat more than before treatment	talk much more than before treatment
	7	6	4
15. Do you talk about personal things with friends?	6	7	4
16. Do you self-disclose (share personal things about yourself)?	unchanged	somewhat more than before treatment	much more than before treatment
	3	10	4
17. Are you aware of your personal strengths and weaknesses?		somewhat more aware than before treatment	much more aware than before treatment
		7	10

had attended more than three meetings. As well, 13 patients, over 70 per cent, had not attended any counselling sessions since leaving HENWOOD. These results could indicate that the patients do not accept the suggestions for further treatment or yet that the counsellors fail to influence the patients' decision to seek some form of continued treatment.

When considering the patients' drinking pattern since leaving HENWOOD, the treatment program could be regarded as successful. In fact, 12 patients reported not drinking and remaining abstinent since their participation in the treatment program. As for the other five patients, they reported drinking less than before treatment. From the data and the written comments to the investigator those that did drink did so immediately after the treatment program. At the time of completing the questionnaire all five patients reported more than three weeks of abstinence. Of the five patients reported drinking, two had not attended any A.A. meetings or counselling sessions. Sixteen patients reported that they were satisfied with their present level of drinking (which is translated to no drinking or abstinence for the majority).

Findings show that most patients, 58 per cent reported, discuss personal matters with family and friends more so now than before treatment. An even larger percentage, 82 per cent, reported self-disclosing more than before treatment. Such results indicate that the patients are choosing to share personal information with others more so than before.

The treatment program had an effect in having patients become aware of their personal strengths and weaknesses. In fact, seven patients reported being somewhat more aware while ten patients indicated being much more aware than before treatment. This could be interpreted as patients having gained more personal insight.

In summary, over seventy per cent of the patients reported some general improvement in their lifestyles. At the time of completing the questionnaire, the majority of patients were abstaining from alcohol consumption. However, relatively few patients were continuing their treatment program by attending A.A. meetings or counselling sessions. Patients reported discussing personal things with family members and friends, and were disclosing somewhat more now than before treatment. All patients indicated becoming more aware of their personal strengths and weaknesses as a result of participating in the treatment program.

Subjective Feedback

This last section reports the general feedback the investigator received from patients and counsellors participating in the study.

Feedback from patients

At the conclusion of the 28-day treatment program the investigator met with several patients to receive some feedback on the systematic training program. Seven questions were asked of each of them.

Question #1 -- What did you think about the two-day program?

Patients felt that the training program "brought the group closer," there was trust in the group. Some would have preferred to receive the program earlier and thought it could have been given to a larger group. Generally, the program was regarded as helpful.

Question #2 -- How was the program for you?

Patients remarked that the program made the person think about himself. However, they felt relaxed, very much at ease, and experienced very little stress.

Question #3 -- Do you think it is going to help you?

One patient indicated the view of many when he said, "It will help for me to talk about myself rather than the other person." Some mentioned that the program made it easier for them to open up and also to express their feelings.

Question #4 -- What parts of the program would you change?

The only comment provided was that the program should be given earlier.

Question #5 -- What parts of the program do you remember most?

The video-tapes and the exercises in dyads were the two parts of the program most remembered. One patient remembered the necessity of expressing inner feelings.

Question #6 -- What parts of the program did you like best?

The exercises and the video-tapes were again selected by the patients as the best parts of the program.

Question #7 -- What parts of the program did you like least?

"Nothing particularly," was the comment expressed by most.

In summary, the training program was viewed by the patients as generally very helpful. More specifically the patients said it helped them "to talk more about themselves," and "to express their feelings," in an atmosphere of trust and comfort. The strongest criticism was that the program should be given sooner in the treatment program.

Feedback from counsellors

Individually all 6 counsellors were asked for feedback according to the following 5 questions:

Question #1 -- What did you think about the two-day program?

The program was considered to be presented in a well thought-out manner. The information was valuable for therapy, especially the use of personal pronouns and expression of feelings. The concept of self-disclosure was clearly presented and was given in a positive manner. One counsellor felt, however, that it was difficult for him to assume the leadership role after the training program.

Question #2 -- Did you notice any difference in the group after the program?

"No change" was indicated by the two counsellors of Group III. In other words, the counsellors did not perceive any behavioral changes in the patients subsequent to the training program. Others felt that the patients tended to disclose immediately after the program, but it did not last. The general difference was that patients were using "I" statements and not generalizing as much.

Question #3 -- What changes would you suggest?

The strongest suggestion was that the program should be given at the beginning of the treatment program to all patients. It was also felt that the program could be extended to allow for more discussion. One counsellor felt that the training program should be given by the group leader. Also some group cohesion and group trust should be developed before introducing the training program.

Question #4 -- How could the program be improved?

The suggestion of extending the program and having a counsellor conduct the program were again given. The concept that self-disclosure should be presented with relation to the group and not so much only for personal value was mentioned.

Question #5 -- Do you think the program should be implemented as part of the regular treatment program?

All counsellors answered "Yes." Reasons for such support were that the program required everyone to talk, it got the group started, and it provided a basic understanding of what is expected and how to self-disclose. One counsellor qualified his answer by suggesting that the proper time for implementing the program would need to be determined.

The investigator also received some feedback from the counselling staff at a staff meeting. Counsellors indicated that this group of patients, in comparison with other patients, accepted more responsibilities for the discussion and made greater use of "I" statements. There was a noticeable lack of generalization and a lack of reminiscing. However, there appeared to be some difficulties in understanding the difference between feelings and thoughts. Another observation was that this group of patients did not confront each other. Whether this was a direct result of the training program was difficult to ascertain.

In summary, the counsellors participating in the study expressed acceptance for the training program. They viewed the training program as providing immediate therapeutic value. Counsellors affirmed that the training program did not have any detrimental effects on the regular treatment program.

CHAPTER VI

Summary and Conclusion

This final chapter contains an overview of the study, general findings emanating from the study, discussion, limitations and suggested recommendations.

Overview of Study

The major purpose of this study was to develop, implement, and evaluate a systematic training program to teach patients to self-disclose. The development of self-disclosure over a period of time in a group context was also investigated.

The development of the training program incorporated a minimal amount of didactic information, some modeling and frequent experiential exercises. The training program focussed on three essential components of self-disclosure, i.e., the verbalization of (a) "I" statements, (b) emotional content and (c) information pertaining to the here and now.

The systematic training program was given to three groups of alcoholic patients participating in a twenty-eight day inpatient rehabilitation program. Each group received four one-hour training sessions during their group counselling period. The training was given at a different time for each group during their treatment program and was in accordance with the time-lagged multiple time series design utilized in this study. The training was conducted by the investigator.

The evaluation of this study was conducted by analyzing the data received from self-reporting questionnaires, group audio-tapes, Sentence Completion Blanks and a follow-up questionnaire. Subjective feedback from both patients and counsellors was part of the evaluation. Appropriate statistical analyses were conducted to test several stated null hypotheses.

General Findings

Data from the self-disclosure questionnaires indicate that patients did not report having disclosed more, nor willing to disclose more at the end of the program when compared with the amount having disclosed at the beginning of the treatment program. Patients reported, however, that they would be willing to significantly disclose more than they reported having disclosed on pre treatment and post treatment measures. Discussion as to why the patients did not disclose as much as they reported being willing to disclose was presented. Although not statistically significant, findings from the self-disclosure questionnaire indicate that some patients did report self-disclosure growth. The two-day training program appeared to have negligible effects on the amount of self-disclosure reported by patients.

The data from the audio-tapes were utilized to examine the development of self-disclosure over time, and also to study the effects of the training program on the dependent measures of self-reference statements, feeling statements and immediacy statements. Findings show that for each of the three groups, there were no significant differences between measures taken before and after the training program. For each of the three groups, self-reference statements were consistently reported more often than feelings or immediacy statements.

Findings from the audio-tapes show that the development of self-disclosure in a group context did not follow any systematic pattern. For each of the three groups there was a constant variation of self-disclosure responses occurring during the treatment program. Thus the training program seemed to have no significant effect in increasing the frequency of self-reference statements, feeling statements and immediacy statements. Also no developing pattern of self-disclosure was evident either before or after the training program.

The effects of the training program on the level of written self-disclosure were negligible. Results on the Sentence Completion Blanks indicate that the written level of the patients' self-disclosure did not significantly change immediately after the training program, nor after a one-month period in the community. Patients indicated a low level of self-disclosure which essentially represents reporting information relating to outside events rather than more personal and inner experiences.

Information received on the follow-up questionnaire suggested that a large percentage of patients had gained some benefits from the HENWOOD treatment program. Over seventy per cent of the patients reported some general improvement in their physical health, their satisfaction with life and their feelings about themselves and their social life. Patients regarded their relationship with immediate family members as somewhat better, whereas their relationship with fellow workers was viewed as unchanged. Although the majority of patients indicated abstaining from alcohol, relatively few of them were maintaining a treatment program for themselves by receiving counselling or attending A.A.. Most patients reported disclosing somewhat more to friends and family than before treatment. The treatment program had definite effects in helping patients become aware of their personal weaknesses and strengths.

Feedback received from the patients indicated that they regarded the training program as positive and of benefit to them. They stated that the training program enabled them "to talk more about themselves" and "to express their feelings." The dyadic exercises and the video-tape were most remembered by the patients.

A positive opinion towards the training program was also expressed by the counsellors. They viewed the training program as presenting the concept of self-disclosure in a clear and positive manner. In comparison to former patients in group therapy counsellors felt that patients in the study tended to use self-reference statements more frequently, to generalize much less, and to reminisce very little. However, patients were confronting less with each other. Counsellors felt that the training program had definite therapeutic value.

Discussion

The general findings of the study do not support the premise that patients would self-disclose more, particularly during group counselling, as a result of receiving systematic training.

Several factors may have influenced the outcome of this study and are now presented as points of discussion.

The type of instrumentation utilized in this study may not have measured the full amount of self-disclosure. Cozby (1973) was quite critical of self-reporting questionnaires as valid instruments to measure self-disclosure. However patients reported a far greater degree of willingness to disclose at the beginning of the treatment program than their actual disclosure at the conclusion of the treatment program. The instrument was able to differentiate this important factor.

Findings generated by the Self-Disclosure Questionnaire raise the question as to why the patients did not disclose more during the program, considering their willingness to do so. Weigel and Warnath (1968) indicate that the opportunity for group members to disclose are often limited by situational circumstances or inappropriateness in the group. These factors may have impeded patients to self-disclose as they so wished. The authors further state that the patient's willingness to disclose, rather than the actual amount disclosed, is perhaps a more appropriate criterion to measure the effects of group therapeutic experience.

In relation to the patients initial willingness to self-disclose, it was found that subjects having participated in a group experience realized at the end that they were not as open as they thought they had been prior to the group experience (Walker, Shack, Egan, Sheridan & Sheridan, 1972). The incidence of a higher self-rating of disclosure by patients at the pre-treatment phase remains a possibility.

The group audio-tapes served as a more objective means of measuring the level of self-disclosure in groups. The results, however, indicate a group level of self-disclosure and not the self-disclosure of certain individuals within the group. There remains a possibility that some patients were disclosing significantly more after the training program, but this increase in self-disclosure would not be identified on the audio-tape recordings. An instrument capable of measuring the responses of each individual group member would have been preferable.

The more positive results of the study were obtained from self-reports and not from the objective type of instruments. It is possible that the patients and counsellors responded in a manner to please the experimenter.

The audio-tapes were utilized in this study as a means of studying the effects of the training program and also the process of self-disclosure as it occurs over a period of time. One would expect that patients would disclose more frequently as the treatment process evolved. However, the data from this study indicate a gradual decrease of self-disclosure responses as the treatment program approaches termination. This finding corroborates with the counsellors' statement that the treatment program loses much of its impetus during the last week of treatment. Most of the self-disclosure occurred in the early stages of treatment. It can be assumed that the patients have only so much personal information they want to reveal and they choose to disclose this information at the beginning of the program.

The type of subjects participating in the study is another important factor to be considered. Subjects were identified as patients experiencing personal difficulties as a result of excessive drinking. It is reported that self-disclosure is an important element in the recovery process of alcoholics (Forrest, 1975). However, it has never been determined how difficult it may be for alcoholics to disclose personal information. The process of self-disclosure may very well be much more difficult for certain groups of clients when compared with students for example.

The patients however provided a greater number of self-reference statements than feeling or immediacy statements as reported by the data, and also by counsellors' comments. This supports the finding by D'Augelli and Chinsky (1974) that "I" statements are relatively easier to learn and utilize in groups. Additional emphasis and training should be given for feelings and immediacy statements.

A noticeable factor in this study was the level of self-disclosure provided by the counsellors. The findings show that for the most part a very low level of self-disclosure was being modeled by the counsellor. It was assumed by the investigator that a far greater degree of self-disclosure would have been given by the counsellors before the training program, and especially after the training program.

In accordance with the design the training program was introduced to the three groups at different times. From observation of the data the time difference did not prove to have any significance. During the first week of treatment patients in Group II were disclosing as much as patients in Group III, who received the training program much later and did not disclose significantly less than the other two groups.

The training program was given to Groups II and III after they each received one and two weeks of treatment respectively. The training program was intended to reinforce such verbal behaviors of self-reference, feeling and immediacy statements. However, observation of the data indicate these behaviors were not frequent prior to the training program. Perhaps by the time patients received the training program, particularly patients in Group III, they were well accusomed to certain behaviors in group. This pattern of group discussion did not change even after the introduction of a systematic training program.

Limitations of the Study

Some limitations are applied to this study:

1. The training program was administered to a selected type of patient, i.e., the alcoholic. The results, therefore, may not be applicable to other type of clients, particularly those requiring intensive psychotherapy treatment.

2. The training program was designed for alcoholic patients participating in an inpatient rehabilitation program and results cannot be generalized to patients attending outpatient clinics.

3. The systematic training program was developed to be utilized in a group context. Thus the effects of this training program to individual clients cannot be determined by this study.

4. Although the verbalizations of self-reference, emotional and immediacy statements was evidenced, the genuineness underlying such statements and the intimacy of the self-disclosure may have occurred without the verbalization of any of the three dependent variables.

5. The data collected from the group audio-tapes were measuring the group level of self-disclosure and thus limiting the identification of the level of self-disclosure from individual members in the group.

Recommendations

Suggestions for further research focus on the concept of self-disclosure and also on modification of the systematic training program as given in this study. The following avenues of research are recommended:

1. The literature states that self-reference, immediacy and emotional statements are necessary components of self-disclosure. However it is not clear whether self-disclosure occurs if one of these components, e.g. self-reference is omitted; or yet, are all three components interdependent with one component preceding others in relationship to importance. Additional research is warranted in this area.

2. Self-disclosure is defined as the communication to others of what you think, feel or want. However little is known on the nonverbal aspect of the communication process and its relationship to self-disclosure.

3. Although present methods of measuring self-disclosure seem adequate, additional research is needed to develop effective instruments to measure self-disclosure. Such instruments should incorporate behavioral and self-rating measures of self-disclosure.

4. Further research is particularly required to provide measurements for the level of self-disclosure given by individual members during a group counselling session.

5. Additional investigations are needed to determine the level and frequency of counsellors' self-disclosure required as to ensure the optimum modeling effect.

6. Studies should examine the development of self-disclosure as a process variable in relationship with the process or stages of group development. There could exist a relationship between both processes.

Since both patients and counsellors regarded the training program as helpful in therapy, recommendations are given to modify the systematic training program so as to increase the effectiveness of the training program. These recommendations would necessitate further studies.

7. That counsellors be more adequately prepared to discuss the concept of self-disclosure and its relevancy in treatment, and to appropriately model self-reference, feeling and immediacy statements.

8. That the systematic training program be given by the group counsellors as to allow for the modeling effect and to ensure the transference from learning to application of the skills.

9. That the systematic training program allow for more experiential exercises, the elaboration of emotional and here-and-now information and the establishment of group norms. The program should be given simultaneously to all patients as early as possible in the treatment program.

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APPENDICES

APPENDIX A

SYSTEMATIC TRAINING PROGRAM ON SELF-DISCLOSURE

UNIT I: INTRODUCTION

SELF-REFERENCE STATEMENTS

STEP	APPROXIMATE TIME	SCHEDULE	DIRECTIONS	RESOURCES
1	2 minutes	Self-introduction	Introduce yourself mentioning things related to your family history, early teen years and then focus on present events. Remember to use the first personal pronoun I and to disclose past and non-threatening information and to progress to more threatening and immediate events.	
2	3 minutes	Overview of program	Briefly describe the program. Program to take place during the next four one hour group counselling periods. The topic of self-disclosure will be presented by means of lecture, group discussion and paper and pencil exercises. The V-T-R equipment will be used for viewing purposes and not for recording. Since the program is part of a study participants will be required to complete some questionnaires. Provide time for questions.	
3	15 minutes	Test administration	Each participant, including counsellors completes the test.	Sentence Completion Blanks - Part I
4	4 minutes	Didactic presentation of Self-Disclosure	The information contained in Lecture I is presented to the group. Use chalkboard to illustrate the three components of self-disclosure. Allow time for clarification and questions.	Lecture I
5	5 minutes	Role-play exercise	Introduce the role-play exercise as a means of demonstrating how relatively easy it is to share information about oneself. Choose a counsellor as your partner. The	Role-play script

STEP	APPROXIMATE TIME	SCHEDULE	DIRECTIONS	RESOURCES
			discussion commences with past and non-threatening events and then follows a theme which is much more personal, meaningful, and relates to the present. Participants are asked to comment on the role-play exercise and a short discussion ensues.	
6	4 minutes	Didactic presentation of Self-Reference statements	Lecture II is given and followed by a question and answer period for clarification purposes. During discussion, utilize as often as possible the first personal pronoun and observe, and reinforce participants utilization of self-reference statements.	Lecture II
7	7 minutes	Video-tape on Self-Reference statements	Comment that the tape was recorded at Henwood. The tape was edited and only portions of the group discussion will be shown. When viewing the discussion, participants should observe when and how patients make self-reference statements.	Video-tape transcript of Self-Reference Statements.
8	20 minutes	Completion and discussion of Self-Reference Sentence Blanks	Each participant individually completes both sentence blanks. Dyads are then formed and participants are asked to share their responses with each other. The first self-reference sentence blank is discussed by both and then followed by sharing of information relating to the second sentence blank.	Self-Reference Sentence Blanks

TOTAL TIME: 60 Minutes

UNIT I

LECTURE I

SELF-DISCLOSURE

An important outcome of group discussion is the opportunity of knowing the other patients and understanding their particular situation. You have a chance to learn how they have resolved certain difficulties; difficulties that perhaps you have and were uncapable of overcoming.

More importantly in group discussion is the opportunity you have to learn about yourself because you are willing to share information to a greater number of people. These group members are then able to tell you what they think of you, show you how they feel towards you and also offer helpful suggestions. Because you are sharing information with the group, you may also feel much better. You have often heard the expression: "I feel much better now that I got if off my chest; now that I can talk about it."

Sharing information, ideas and feelings with others is also called self-disclosing. Self-disclosure is talking about oneself, especially about one's feelings, attitudes and experiences which aren't usually discussed. Here at Henwood, it is considered very important that patients talk about themselves in an open and honest way. Patients should become more willing to talk about personal things that they have kept secret from many and about other things that have been giving them personal difficulties.

Sometimes self-disclosing is very difficult especially when we are told repeatedly that its better to keep things to ourselves. It is also difficult because we are not too sure how to self-disclose and how much we should disclose about oneself.

There are certain things you should know and remember when self-disclosing. This is what I would like to give you assistance with so that you can self-disclose more often and thus learn more about yourself.

UNIT I

THEME OF ROLE-PLAY EXERCISE

Investigator - How do you feel about being interviewed in front of this group?

Counsellor - I guess I feel a little bit nervous. I'm not sure what you are expecting me to say or do.

Investigator - Would it be okay if we get to know you a little bit better?

Counsellor - I guess that's okay.

Investigator - Do you live close to Henwood?

Counsellor - I live in Edmonton

Investigator - Does it take you long to get here?

Counsellor - No, not too long. It sometimes depends on the traffic.

Investigator - Yeah! That traffic can really be hectic at times. Do you have a family?

Counsellor - Yes, as a matter of fact I became a father for the first time several months ago. It was quite an experience for me. I find it takes some adjusting too. We are fortunate that the baby sleeps well during the night.

Investigator - How is your wife finding the experience?

Counsellor - She is enjoying the early moments of motherhood. She and the baby are both healthy, so it makes it much easier.

Investigator - I'm curious as to what made you decide to work here.

Counsellor - Well, I always was the type of person who was interested in helping others. I guess my training indicates that. But, I was more so interested in the field of alcoholism because I have a close relative that has made a miserable life for himself and his family. I always wanted to know more about it. After receiving special training in the area of alcoholism treatment I applied for a job and here I am.

Investigator - Any regrets, disappointments?

Counsellor - Well, sometimes I feel a little bit down, but I guess that happens in many helping positions. However, I do not regret working here. I enjoy it very much.

Investigator - What is it that makes you feel that way?

Counsellor - I have never given it much thought, but I guess it's the type of people I'm working with and the different patients, too. I find it very rewarding when I can help some patients help themselves. I know I can't do everything for them, but I can offer some assistance. It makes me very happy to see and hear that some patients are doing very well after leaving here.

Investigator - How do you feel about talking in front the group now?

Counsellor - Right now, I feel quite comfortable. In fact I enjoy this. You asked me questions that made me stop and think. For me, this is good; I'm learning about myself.

Investigator - Thank you.

UNIT I

LECTURE II

SELF-REFERENCE STATEMENTS

Self-reference means that the information that you are giving should refer to yourself. It means that you have to talk about yourself. Yes, you may have to talk about others such as family and friends, but when this happens it should have personal meaning to you.

More and more you will be asked to talk about yourself. You have to think about the information presented as it relates to you, not to others. You are the one that is now in treatment and you must apply, for now anyway, the information to yourself. Therefore, the information that you are going to give out is information that is about you. Information that has personal meaning to you.

One of the better ways of sharing information about yourself is to use the first personal pronoun I. This helps others in the group understand that you are referring only to yourself; that you are talking about you and no other.

Examples: I think a great deal about____

I hope I can learn____

I wish it was____

For myself, it is clear.

By having to use the pronoun I and sometimes me, myself and we, it requires that you think more about yourself when talking.

UNIT 1

VIDEO-TAPE TRANSCRIPT

SELF - REFERENCE

Client 1 - What did you have for the weekend? Did you miss going out and getting drunk?

Client 2 - Hmmm... I don't know if I'll get kicked out of here or not, but I had a couple of beers when I was out. I don't want to get kicked out of here, I know, I just .... kind of feel guilty that I couldn't tell anybody. I just told it, I guess I just told....

Counsellor 1 - What did you say you had, two beers?

Client 2 - I ... you know you get kicked out if you drink, right? I don't want to get kicked out, I think that....

Counsellor 1 - You knew the rule..

Client 2 - It has taught me something.

Counsellor 1 - Hmmmm

Client 2 - It sort of taught me something when I had those beers -- I felt really bad about it. I don't think I'll do it again. I don't know if I get kicked out now or not though....

Counsellor 1 - You knew the rules though..

Client 2 - Yea, I knew the rule, but I think it won't help me in the least bit if you kick me out. I think it would help me more if I can have the chance to stay in here.

Counsellor 2 - How come you had those two beers, John?

Client 2 - Because everybody else was drinking, I guess.

Counsellor 2 - Does that tell you anything? Does that tell you that you may have to change your friends?

Client 2 - Yea, sure can't hang around with old drinkers in the crowd.

Counsellor 1 - What else does that tell you about yourself, John?

Client 2 - I'm not really in good control of myself, I guess.

Client 3 - Don't you think John, that you can't have your whole life from now until you die completely surrounded by complete abstainers. You're going to be exposed sometimes to social situations where people are drinking.

Client 2 - Yea, I guess so.

Client 4 - The way you put that you had to drink because everybody else was drinking, what are you, just a follower?

Client 2 - I actually felt sort of like having a drink, but when I had it I felt rotten....and I'm glad I admitted to everybody that I did do that. You know I could have kept it back...

UNIT I

SELF - REFERENCE

1. When it was suggested to me (by my wife, friends, boss, judge) that I get treatment, I _______________________

____

____

2. What did you think about coming to HENWOOD?

____

____

UNIT 2: GROUP DISCUSSION

FEELING STATEMENTS

STEP	APPROXIMATE TIME	SCHEDULE	DIRECTIONS	RESOURCES
1	25 minutes	Discussion of Self-Reference Sentence Blanks	Participants are asked to openly share with the total group their written responses. Each participant must be given the opportunity to speak. Attention must be made to the utilization of self-reference statements.	
2	5 minutes	Didactic presentation of Feeling Statements	The content of Lecture III is presented. Sufficient time must be allowed for examples, questions and discussion.	Lecture III
3	10 minutes	Video-tape on Feeling Statements	Participants are told to notice the reaction of the person making a feeling statement and also the reactions of others. The tape is stopped at appropriate places as to point out the occurence and outcome of feeling statements.	Video-tape transcript of Feeling Statements
4	20 minutes	Completion and discussion of Feeling Sentence Blanks	Sentence Blanks are completed by everyone. Dyads are again formed, but choosing this time a different person as a partner. Information on both sentence blanks is discussed amongst dyads.	Feeling Sentence Blanks

TOTAL TIME: 60 Minutes

UNIT 2

LECTURE III

FEELING STATEMENTS

Although we usually try to describe our ideas clearly and accurately, we often do not try to describe our feelings clearly. Feelings get expressed in many different ways:

1) By naming it; e.g. I feel angry
2) By the use of similies; e.g. I feel like a tiny frog in a huge pond.
3) By the action the feeling urges you to do; e.g. I feel like hugging you and hugging you.
4) By some figure of speech; e.g. I just swallowed a bushel of spring sunshine.

The purpose in describing your own feelings is to start a communication that will improve your relationship with the other. After all, others need to know how you feel if they are to take your feelings into account. Negative feelings are indicator signals that something may be going wrong in a relationship with another person. To ignore negative feelings is like ignoring a warning light that indicates that an electrical circuit is overloaded. Negative feelings are a signal that the two of you need to check for misunderstanding and faulty communication.

When you talk about any situation you can express content (what you are saying to the other) or express feelings (the emotional experience you have about what you are saying).

There is a difference between expressing content and expressing feelings. Many, perhaps most, people attend only to the content of their words and are not aware of their underlying emotions.

Example:

I feel like things haven't been going right lately. The cat died, my counsellor raised his rates, and my wife just got a job. (Expression of content).

I really feel depressed. The first thing that got me down was when my cat died. I felt so sad, I sat down and cried. Then my damn counsellor raised his rates and didn't even care enough to tell me; that really made me angry and when I told him about the cat he didn't react, and I felt really crummy. Then my wife up and gets a job without telling me at all and it makes me sad, sad, sad. (Expression of feeling).

In short, move inside yourself, look at your emotions. While words provide basic clues, also think about your nonverbal communication. If you talk about things, do you look sad? If you talk about happy things, do you look happy? As you learn to express feelings, put your body and words together and really attend to your emotions. In this way, you can best understand yourself.

VIDEO-TAPE TRANSCRIPT

FEELINGS

Client 3 - Did you think you were going to admit it when you had them?

Client 2 - I didn't know because I knew I would get a little bit guilty when I came in here and everybody would start; how did your weekend go and everything? I didn't know if I could tell you or not.

Client 4 - Now you wish you hadn't.

Client 2 - Not necessarily yet. When I'm walking out the door I'll be wishing I hadn't.

Counsellor 1 - You're going to feel pretty mad, eh?

Client 2 - No, I won't be.. I won't feel mad.. I sort of feel sorry that I couldn't stay in here though.

Client 4 - A little disgusted with yourself.

Client 2 - Yea

Client 2 - Well if I do get kicked out I, you know.. as soon as I get out I'll make an appointment to see a counsellor at the out patient clinic because I was going there for two months, so I can go there again and go to A.A. and everything. I'd never really thought of that. I thought if I'm going to get kicked out what am I going to do. But now I know what I'm going to do. I'll go down there.

Counsellor 1 - Yea

Client 2 - and go to a A.A. group, a young A.A. group.

Counsellor 2 - That's good. You don't go away with a feeling that they kicked me out just because I had a couple beers. If you go away with that attitude you may go right back into the sauce again. And you have the option of coming back in three months you know...

Client 2 - Yea....

Counsellor 2 - This may be a good experience for you.

Counsellor 1 - I was just getting to think that you were doing things and you can still do that. You don't need to have it slowly locked. In three months, who knows, you might learn more there than now if you practice what you've learned and...

Client 4 - If you get into this young A.A. group downtown, they have a lot of things going on.

Client 2 - There is going to be a lot of people disappointed in me for getting kicked out.
Counsellor 1 - If you stay sober, no one cares?
Client 2 - Huh?
Counsellor 1 - If you stay sober...
Client 2 - I'll be forgiven...
Counsellor 1 - No one cares... I think your honesty is really important John regardless of ....
Client 2 - I was going to try to hold it back for three weeks and I was going to tell you near the end, and I was hoping when the end came then I could say how much good it did and you know, being here....
Counsellor 1 - Hmmmm
Client 2 - And I didn't tell you before because I wanted to stay here to learn more about myself and everything. So I'm wishing I could do that but I just can't.
Counsellor 2 - I think it's very good....
Client 2 - What?
Counsellor 2 - I think that it's very good that you brought it out because it would be bothering you.
Client 2 - Oh, I would have told eventually, just when I was going to tell....
Counsellor 1 - If you hadn't John, it would have been bugging you all the time.
Client 2 - Everytime I would have come to the group.
Counsellor 1 - It wouldn't have worked.
Counsellor 2 - I don't think you would have got too much out of the group sitting there knowing that you had let the group down. The one person that you did hurt was yourself, isn't it?
Client 2 - Yea
Counsellor 1 - And you can learn from it. It takes a lot of guts to do that; get those guts to work for you instead of against you, you'll make it?

Counsellor 2 - You see here the feeling that most of people are not, they are not criticizing you. They have feelings, good feelings towards you.... It's just one of those unfortunate things....
Counsellor 1 - What do you think?
Client 5 - I don't think much... About what, the whole affair?
Counsellor 1 - Yea
Client 5 - I feel sorry for him...
Counsellor 1 - Hmmm, I thought maybe. I think in a way we're all with you. At least I am and I get the feeling the group is with you.

UNIT 2

FEELINGS

1. How did you feel when you were told you were accepted for the HENWOOD program? I felt ____________________

____

____

2. When my family or friends kept telling me had a drinking problem, it made me feel ______________________________

____

____

UNIT 3: GROUP DISCUSSION

IMMEDIACY STATEMENTS

STEP	APPROXIMATE TIME	SCHEDULE	DIRECTIONS	RESOURCES
1	25 minutes	Discussion of Feelings Sentence Blanks	Participants are asked to read what they have written relating to the Feelings Sentence Blanks. They must speak for themselves, using I statements, and describe as best possible how they feel. Elaborations on their feeling state is important here. Reactions by others to what is being said is encouraged. Again everyone must speak.	
2	5 minutes	Didactic presentation of Immediacy Statements	Information on immediacy is presented. Special attention is given in describing what type of past information could be important and should be discussed in the here and now.	Lecture IV
3	10 minutes	Video-tape on Immediacy Statements	Important for the participants to observe the difference in attitudes and behavior shared by one particular patient. To notice also how easy and meaningful it is for him to talk in the here and now. Tape is stopped to process this information.	Video-tape transcript of Immediacy Statements
4	20 minutes	Completion and discussion of Immedicacy Sentence Blanks	Again everyone individually completes the sentence blanks. Dyads are again formed by choosing a partner not as yet chosen for this exercise. Information pertaining to the Immediacy Sentence Blanks is mutually exchanged.	Immediacy Sentence Blanks

TOTAL TIME: 60 Minutes

UNIT 3

LECTURE IV

IMMEDIACY STATEMENTS

The term refers to talking about information that is occuring in the present; information that is happening right here and now.

The importance of this is because you are here wanting to get something for yourself; now for the future.

You will probably be tempted to talk about things that happened in your past. The fameous drunk-a-logues are an example. There is information in your past that is very important to you and probably related as to why you are here. Some of this information is welcomed during group discussions.

You may also want to talk about events that will occur in the future; especially if you are planning. For example, the counsellor may ask you to think of what will happen when you leave Henwood. Naturally you have to talk about the future.

It is not a matter of never discussing events of the past, nor of the future. More importantly you must try to focus your discussion on the present as much as possible. You must relate to events that are happening in the present.

UNIT 3

VIDEO-TAPE TRANSCRIPT

IMMEDIACY

Counsellor 2 - I've noticed quite a difference in John here, in the past few days.
Counsellor 1 - All good.
Client 1 - Yea, I did too.
Counsellor 1 - Did you?
Client 2 - In what way?
Counsellor 1 - You're with us...
Client 4 - Attitudes...
Client 2 - Yea, when I first came here I couldn't talk or anything and just now I'm starting to talk and say what I feel...good-bye...
Counsellor 1 - Maybe everyone could show how they think you've changed. You mentioned awhile ago, he has changed.
Client 1 - His attitude...I get the feeling that he is more eager to get involved now than before...before he just liked to sit in the back...
Client 4 - When he first came in he didn't want anybody to have slightest inkling that he might care a little bit about anything... you know, and finally within the last few days of last week he kind of admitted to the group that he did care a little bit about himself and other people. It was nice having you with us.
Client 3 - Well I don't know John very well of course, but I sure admire your honesty and your guts.
Client 2 - Yea, it took quite a bit to say that.
Counsellor 2 - I notice John was involved in volleyball. The first time I saw him playing down there he didn't...he wasn't really putting much effort into it and then he became more involved as the days went on and that was good...a good sign.
Counsellor 2 - Yea
Client 2 - I have a different outlook. I think differently about change. Now I won't ever want to go to the bar and drink anything because all the things I learned about drinking... Besides I'll feel rotten if I do.
Counsellor 2 - Spoil your drinking, eh John?
Counsellor 1 - Spoiled your drinking anyway, didn't you?

Client 2 - I won't be leaving here till later on.

Counsellor 2 - Yea, that's o.k. I would like to have you in group with us this afternoon as well, and then we could...

Client 2 - I wouldn't mind ...

Counsellor 1 - We could share this tape.

Client 2 - I was hoping I could come.

Counsellor 1 - Would you like him to be here?

Client 4 - Yea. I was just going to ask if he couldn't be here for the afternoon group.

Counsellor 2 - See the sooner you get in touch with your probation officer and you listen to his advice.

Client 2 - The first thing he'll say is, what did you do now, because I always go just after I do something.

Counsellor 1 - But you've done one bad thing and one good and the good is way better than the bad and you told us all about it.

Client 2 - Before I was a little bit nervous about talking, now I can talk... just you know...

Counsellor 2 - Hmmmm

Client 2 - I'm a little bit edgy but I can talk... just now... say what I think...

Client 2 - On the weekend I was thinking I was going to come back here and I was going to get kicked out and what was I going to do. Just in this group now, I realize now what I can do when I go out; all the things I mentioned. Now I'm not really as upset about getting kicked out as I would have been if I hadn't gone to the group or anything.

Counsellor 2 - Well John, all I can say is I hope you continue to think in the way that you have expressed yourself here this morning.

Client 2 - I do too.

Counsellor 2 - Keep that positive attitude and I'm sure things will work out.

Counsellor 1 - I know they will if you keep these things in mind and maybe you will think of us and that might help you.

Client 2 - Am I allowed to come out here and visit?

Counsellor 1 - Sure.

Client 4 - Give us a ring.

Client 2 - Why not?

Counsellor 1 - Just come. Have lunch with us and come to the meetings.

Client 4 - It will do us good to see you, to.

Counsellor 1 - Sure will.

Client 6 - Especially if there is something on your mind, better bring it out and talk about it here than anywhere else.

Counsellor 2 - You probably help a lot of these patients in here, setting the example... One of your age can do it... because there are a lot of temptations out there.

Client 2 - You're sure making me feel guilty here.

Client 4 - How do you feel now? Good and bad at the same time.

Client 2 - I feel mostly good now because you all...

Counsellor 1 - Think you've learned something?

Client 2 - Tell me something to do. Yea...

Counsellor 1 - Well its 11:30, and you can phone your probation officer.

Client 2 - O.K.

Counsellor 1 - And we'll have you in group this afternoon because I think we all want you.

UNIT 3

IMMEDIACY

1. What is your biggest concern about being at HENWOOD?

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2. How do you feel when called an alcoholic? I now feel

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UNIT 4: GROUP DISCUSSION

CONCLUSION

STEP	APPROXIMATE TIME	SCHEDULE	DIRECTIONS	RESOURCES
1	30 minutes	Discussion of Immediacy Sentence Blanks	Participants share their responses with the group. The tendency of some to discuss non-personal and past events must be avoided. Members are encouraged to present information which relates to the present and to express emotional content.	
2	5 minutes	Summation of Self-Disclosure	Briefly summarize the three important components of self-disclosure and the value of self-disclosure in group discussion. Refer to the sequences of video-tape that illustrated how one person chose to self-disclose and the benefits he received by sharing with the group.	
3	15 minutes	Test administration	Everyone completes the test.	Sentence Completion Blanks - Part II
4	5 minutes	Follow-up information	Inform participants that during their last week at Henwood they will be asked to complete another questionnaire. Also approximately one month after discharge they will receive a follow-up questionnaire. Their co-operation is requested.	
5	5 minutes	Conclusion	Express to both counsellors and patients appreciation for their participation in the program.	

TOTAL TIME: 60 Minutes

APPENDIX B

APPENDIX B-1 SELF-DISCLOSURE QUESTIONNAIRE - PART I

APPENDIX B-2 SELF-DISCLOSURE QUESTIONNAIRE - PART II

APPENDIX B-1

SELF-DISCLOSURE QUESTIONNIARE - PART I

QUESTIONNAIRES

The two questionnaires each contain 21 questions asking information about yourself.

In questionnaire No. 1 you will indicate how much information you have disclosed to someone.

In questionnaire No. 2 you will indicate how much information you are willing to disclose to someone.

NAME____________________________________

INSTRUCTIONS

You are requested to circle a number indicating how much information about each question you have disclosed to someone in your past.

Answer each question using the following scale as a guideline.

Circle 1 if you have disclosed nothing about that item.
Circle 2 if you have disclosed almost nothing about that item.
Circle 3 if you have disclosed a little bit about that item.
Circle 4 if you have disclosed something about that item.
Circle 5 if you have disclosed quite a bit about that item.
Circle 6 if you have disclosed almost everything about that item.
Circle 7 if you have disclosed everything about that item.

EXAMPLES:

1. What are the types of play and recreation you enjoy?

1	2	3	4	5	6	⑦
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

2. What are the disappointments you have experienced with the opposite sex?

1	2	③	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

NOTE** Only circle one number for each question.

1. What are your views on the way a husband and wife should live their marriage?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

2. What are your usual ways of dealing with depression, anxiety, and anger?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

3. What are the actions you have most regretted doing in your life and why?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

4. What are your personal religious views and the nature of your religious participation if any?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

5. What are the ways in which you feel you are most maladjusted or immature?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

6. What are you guiltiest secrets?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

7. What are your personal views on politics, the presidency, foreign and domestic policy?

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8. What are the habits and reactions of yours which bother you at present?

1	2	3	4	5	6	7
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1	2	3	4	5	6	7
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17. What are the unhappiest moments in your life; why?

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Circle 5 if you are willing to disclose quite a bit about that item.
Circle 6 if you are willing to disclose almost everything about that item.
Circle 7 if you are willing to disclose everything about that item.

EXAMPLES:

1. What are places you would like to work and live?

1	2	3	4	5	[✓ 6]	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

2. What are the aspects of your body you are most satisfied or dissatisfied with?

1	2	3	[✓ 4]	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

NOTE** Only circle one number for each question.

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I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

2. What are your usual ways of dealing with depression, anxiety, and anger?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

3. What are the actions you have most regretted doing in your life and why?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

4. What are your personal religious views and the nature of your religious participation if any?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

5. What are the ways in which you feel you are most maladjusted or immature?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

6. What are your guiltiest secrets?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

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1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

8. What are the habits and reactions of yours which bother you at present?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

9. What are the sources of strain and dissatisfaction in your marriage (or your relationship with the opposite sex)?

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10. What are your favourite forms of erotic play and sexual lovemaking?

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I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

11. What are your hobbies, how do you best like to spend your spare time?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

12. What were the occasions in your life in which you were the happiest?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

13. What are the aspects of your daily work that satisfy and bother you?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

14. What characteristics of yourself give you cause for pride and satisfaction?

1	2	3	4	5	6	7
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1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

16. Who are the people with whom you have been sexually intimate? What were the circumstances of your relationship with each?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

17. What are the unhappiest moments in your life; why?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

18. What are your preferences and dislikes in music?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

19. What are your personal goals for the next 10 years or so?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

20. What are the circumstances under which you become depressed and when your feelings are hurt?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

21. What are your most common sexual fantasies and reveries?

1	2	3	4	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

APPENDIX B-2

SELF-DISCLOSURE QUESTIONNAIRE - PART II

QUESTIONNAIRES

The three questionnaires each contain 21 questions asking information about yourself.

In questionnaire No. 1 you will indicate how much information you have disclosed to someone.

In questionnaire No. 2 you will indicate how much information you are willing to disclose to someone.

In questionnaire No. 3 you will indicate how much information you see yourself having disclosed relative to how much you were disclosing before coming to HENWOOD.

NAME____

INSTRUCTIONS

You are requested to circle a number indicating how much information about each question you have disclosed to someone in your past.

Answer each question using the following scale as a guideline.

Circle 1 if you have disclosed nothing about that item.
Circle 2 if you have disclosed almost nothing about that item.
Circle 3 if you have disclosed a little bit about that item.
Circle 4 if you have disclosed something about that item.
Circle 5 if you have disclosed quite a bit about that item.
Circle 6 if you have disclosed almost everything about that item.
Circle 7 if you have disclosed everything about that item.

EXAMPLES:

1. What are the types of play and recreation you enjoy?

1	2	3	4	5	6	[✓ 7]
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

2. What are the disappointments you have experienced with the opposite sex?

1	2	[✓ 3]	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

NOTE** Only circle one number for each question.

1. What are your views on the way a husband and wife should live their marriage?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

2. What are your usual ways of dealing with depression, anxiety, and anger?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

3. What are the actions you have most regretted doing in your life and why?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

4. What are your personal religious views and the nature of your religious participation if any?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

5. What are the ways in which you feel you are most maladjusted or immature?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

6. What are you guiltiest secrets?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

7. What are your personal views on politics, the presidency, foreign and domestic policy?

1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

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1	2	3	4	5	6	7
I disclosed nothing	I disclosed almost nothing	I disclosed a little bit	I disclosed something	I disclosed quite a bit	I disclosed almost everything	I disclosed everything

9. What are the sources of strain and dissatisfaction in your marriage (or your relationship with the opposite sex)?

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12. What were the occasions in your life in which you were the happiest?

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I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

2. What are the aspects of your body you are most satisfied or dissatisfied with?

1	2	3	④	5	6	7
I am not willing to disclose anything	I am willing to disclose almost nothing	I am willing to disclose a little bit	I am willing to disclose something	I am willing to disclose quite a bit	I am willing to disclose most everything	I am willing to disclose everything

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INSTRUCTIONS

You are requested to circle a number indicating how much information about each question you have disclosed.

Answer each question using the following scale as a guideline.

Circle 1 if you have disclosed much less about that item.
Circle 2 if you have disclosed somewhat less about that tiem.
Circle 3 if you have disclosed slightly less about that item.
Circle 4 if you have disclosed same amount about that item.
Circle 5 if you have disclosed slightly more about that item.
Circle 6 if you have disclosed somewhat more about that item.
Circle 7 if you have disclosed much more about that item.

EXAMPLES:

1. What is the extent of traveling I have done and hope to do.

1	2	3	4	5	6	[✓ 7]
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

2. What are the most crucial decisions I have had to make.

1	2	3	4	[✓ 5]	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

NOTE** Only circle one number for each question.

1. What are your views on the way a husband and wife should live their marriage?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

2. What are your usual ways of dealing with depression, anxiety, and anger?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

3. What are the actions you have most regretted doing in your life and why?

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I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

4. What are your personal religious views and the nature of your religious participation if any?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

5. What are the ways in which you feel you are most maladjusted or immature?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

6. What are your guiltiest secrets?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

7. What are your personal views on politics, the presidency, foreign and domestic policy?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

8. What are the habits and reactions of yours which bother you at present?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

9. What are the sources of strain and dissatisfaction in your marriage (or your relationship with the opposite sex)?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

10. What are your favorite forms of erotic play and sexual lovemaking?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

11. What are your hobbies, how do you best like to spend your spare time?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

12. What were the occasions in your life in which you were the happiest?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somehat-less	I disclosed slightly less	I disclosed same amount	I disclosed slighty more	I disclosed somewhat more	I disclosed much more

13. What are the aspects of your daily work that satisfy and bother you?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

14. What characteristics of yourself give you cause for pride and satisfaction?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

15. Who are the persons in your life you most resent; why?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

16. Who are the people with whom you have been sexually intimate. What were the circumstances of your relationship with each?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

17. What are the unhappiest moments in your life; why?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

18. What are your preferences and dislikes in music?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

19. What are your personal goals for the next 10 years or so?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

20. What are the circumstances under which you become depressed and when your feelings are hurt?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

21. What are your most common sexual fantasies and reveries?

1	2	3	4	5	6	7
I disclosed much less	I disclosed somewhat less	I disclosed slightly less	I disclosed same amount	I disclosed slightly more	I disclosed somewhat more	I disclosed much more

APPENDIX C

APPENDIX C-1 SENTENCE COMPLETION BLANKS - PART I

APPENDIX C-2 SENTENCE COMPLETION BLANKS - PART II

APPENDIX C-3 SENTENCE COMPLETION BLANKS - PART III

APPENDIX C-4 SENTENCE COMPLETION BLANKS - SCORING MANUAL

APPENDIX C-1

SENTENCE COMPLETION BLANKS - PART I

INSTRUCTIONS

COMPLETE THESE SENTENCES TO EXPRESS YOUR REAL FEELINGS. TRY TO DO EVERYONE. BE SURE TO MAKE A COMPLETE SENTENCE.

1. I am worst when____
2. I feel____
3. My nerves____
4. Loneliness____
5. I feel guilty____
6. Sometimes I____
7. I hate____
8. My father____
9. I____
10. People____
11. I often wish____
12. I am afraid____
13. I like____
14. Drinking____
15. The best____

NAME:____________________________________

APPENDIX C-2

SENTENCE COMPLETION BLANKS - PART II

INSTRUCTIONS

COMPLETE THESE SENTENCES TO EXPRESS YOUR REAL FEELINGS.

TRY TO DO EVERYONE. BE SURE TO MAKE A COMPLETE SENTENCE.

1. My mind____
2. I suffer____
3. My biggest problem is______________________________
4. What pains me______________________________________
5. I need____
6. The happiest time__________________________________
7. What annoys me_____________________________________
8. I am hurt when_____________________________________
9. There have been times when_________________________
10. I secretly____
11. I am very____
12. Most women____
13. Sports____
14. I failed____
15. My greatest worry__________________________________

NAME:____________________________________

APPENDIX C-3

SENTENCE COMPLETION BLANKS - PART III

INSTRUCTIONS

COMPLETE THESE SENTENCES TO EXPRESS YOUR REAL FEELINGS. TRY TO DO EVERYONE. BE SURE TO MAKE A COMPLETE SENTENCE.

1. I can't____
2. I want to know_______________________________________
3. Men____
4. The only trouble______________________________________
5. I have an emotional need to___________________________
6. Reading____
7. Dancing____
8. Sexual thoughts_______________________________________
9. Sober____
10. I regret____
11. I am best when_______________________________________
12. The future____
13. Marriage____
14. My mother____
15. I punish myself_______________________________________

NAME:______________________________

APPENDIX C-4

SENTENCE COMPLETION BLANKS - SCORING MANUAL
(Adapted from Green, 1964)

SCORING MANUAL

Purpose and Scoring Procedure

The Self Disclosure Sentence Blank is an attempt to standardize a method for scoring a subject's sentence completions for the degree to which he willingly reveals core aspects of his private and personal world.

The subject is asked to complete 15 sentence stems. Most stems have been designed to have 'high pull' for self-disclosure. Although the subject's responses can be used for general interpretation in the same manner that a clinician trained in dynamic psychology uses any projective material, this particular scoring procedure is not designed to take into account information about the subject which he in fact does not purposely disclose. This is important for the scorer to keep in mind so that he does not 'read in' meaning to responses as he is scoring them. For example, if a female should respond to the stem, 'I hate...,' with 'umbrellas', this may yield rich information for anyone interested in Freudian dynamics, but in keeping with the purposes of this scale, it would be scored as grossly evasive and unrevealing (Level One).

Another error to guard against is the incorrect scoring of a response as unrevealing because the scorer finds it difficult to believe that the subject was serious in his response. Such completions might be: 'I feel...crazy,' 'I regret...my whole life,' 'I...fear this test too much,' or, 'I am worst when...I am sober.' In all instances the scorer is admonished to accept subject responses at face value, and to score each response as it is written, for its closeness to what are likely to be core issues in a person's personal life. For example, both the completions, 'I feel...with my hands,' and 'I feel...crazy,' might not be meant seriously, but the scorer is to assume that they are, and to rate their revealingness accordingly. Thus, even if a subject is serious when saying that 'he feels with his hand,' he is still being grossly unrevealing of his personal life. But if a subject is taken seriously when he says that he 'feels crazy,' he is being quite open about an important aspect of his personal life. To repeat, all responses are to be judged by their verbal content, and not the inferred intentions of the subject.

To score the subject's responses, the scorer assigns each response a scale value from 5 to 1, depending on its judged degree of revealingness. (Level Five disclosures are very revealing; those at Level One are evasive). The responses can be scored in a relatively objective manner if the scorer (1) makes himself thoroughly familiar with the descriptions which provide the rationale for the five levels, and (2) compares each response with typical examples provided for each level in the scoring-by-matching sections of this manual. The sum of the individual scale values for all stems provides the index of self-disclosure.

The scorer may find on occasion that despite his best efforts, he cannot decide at which of two levels a response best fits. In order to achieve some consistency in such cases, the response should be scored at the higher level of self-disclosure.

The Five Scoring Levels

The question to be kept in mind is this: How much does this disclosure taken alone, and at face value, contribute to an understanding of this person's private and personal world? Or, to shift the emphasis slightly, how willing has this person been to allow the examiner to know him as he sees himself?

Level Five

He reveals basic feelings and emotions of a personally relevant nature about a central aspect of his private and personal life. This material is likely to play a major role, or have a fundamental effect, on the shaping of a large part of the subject's personal as well as public experience. He speaks as an internal observer reporting on internal events, even when the comment also includes mention of the external world.

What is disclosed is likely to be the sort of thing which one would never know unless told, and which would ordinarily be told only to a close and trusted friend. There is no attempt to present himself in a socially desirable manner. Facades are absent, and as a result, core constructs by which he maintains his identity and existence, as well as areas of extreme conflict are likely to be directly and frankly discussed. For instance, statements concerning his self-image, his approach to fundamental interpersonal relationships, sexual conflicts, severe family problems, and strong feelings of personal confusion are likely to be scored at this level.

This self-disclosure, taken alone, and at face value, contributes significantly to an understanding of the subject's personal world of experience.

Level Four

He expresses feelings and emotions of 'secondary' importance and/or of a less personal nature than at Level Five. He may hint at or speak in a qualified or more distant way about material which might otherwise fall within Level Five. Distance from the core theme may be along a dimension of person, place, time, intensity, or frequency. Disclosures at this level while personally important, often tend to be more content and situation specific than at Level Five. That is, the content does not play as major a role over as wide an area of the subject's life.

The focus remains, however, on internal experiences which seems of direct relevance to the person's personal life. What is revealed would not ordinarily be said to casual acquaintances. He does not necessarily present himself in socially favourable terms. He seems to be honestly trying to express himself about important aspects of his subjective world, but is unwilling or unable to reach the degree of openness expressed at Level Five. He does, however, purposely reveal something important and fundamental about his basic personality.

Level Three

He reveals important facts and/or details of an 'external nature.' Material revealed at this level probably plays a major role in the shaping of the subject's private life. The focus of attention is generally not on his subjective inner experience, but rather on people and events in the world outside of himself, things happening to him, and things which he does. When feelings or emotions are expressed, they do not seem deep-seated or closely tied to the core contructs by which he maintains his identity and existence.

Although what is revealed is probably important to the subject and his public life, it might be revealed to a casual acquaintance, and in general would not prove embarrassing if publicly known. Some guardedness may be apparent, and personal statements of a socially undesirable nature tend to be avoided. Although this material may help in coming to know the subject, he is (purposely) revealing little or nothing of significance about his private, experiential world.

Level Two

He discloses facts and/or details of 'secondary' importance and of an 'external nature.' This material probably plays a relatively minor role in a limited area of the subject's life, and would appear to have little or no lasting effect on his moment to moment personal experience. His point of reference is clearly the external world, and he may speak as a detached, nominally interested external observer.

Guardedness is often apparent, and socially undesirable statements are almost non-existent. What is revealed might easily be said to a stranger or made public with embarrassment. Problems, when they are mentioned at all, are never deep-seated or in any manner incapacitating. If feelings or emotions are expressed, they are distant from the core constructs by which the subject's identity and existence are defined. Minor incidents, facts, wants, beliefs, etc., may be disclosed, but their sphere of influence is quite likely to be content and situation specific and relatively trivial when compared with what might be said about central areas of a person's personal or public life.

Vague or highly qualified reference may be made to material which might otherwise fall within Level Three. The subject may reveal strong negative attitudes, but only in socially approved ways.

Level Two statements help give the examiner very little, if any, understanding of the subject's personal and private world.

Level One

Essentially neutral, meaningless, or grossly evasive material is offered at this level. Omissions are scored at this level, as well as stereotype answers, cliches, catch phrases, etc. The subject represents himself as having no real problems. Statements at this level give the examiner no understanding of the subject's personal or public life.

APPENDIX D

MANUAL FOR SCORING AUDIO-TAPES

APPENDIX D

MANUAL FOR SCORING AUDIO-TAPES
(Adapted from Green and Marlatt, 1972)

SCORING INSTRUCTIONS

You will be reading a number of statements.

Treat each statement separately.

Your task is to rate each statement according to three types of statements:

A) self-reference statements
B) feeling statements
C) immediacy statements

The characteristics and criteria for each type are as follows:

A. SELF-REFERENCE STATEMENTS

A self-reference statement expresses something about the speaker in relation to himself, others, or the world.

I. A self-reference statement must begin with or include a first person singular personal pronoun (e.g. I, my, myself, mine) unless it is covered by one of the criteria below.

II. First person plural pronouns (e.g. we, our, ourself, ours) are counted as self-references when the group referred to is intimately related to the subject (e.g. family, therapy group).

III. A response may be a self-reference without explicitly using a personal pronoun if it is closely related to a previous self-reference and is contingent upon it. These responses can be checked by adding a self-reference phrase such as "to me" to the statement.

> "I have met a lot of people here. It certainly has been satisfying." (Both sentences are self-references).

B. FEELING STATEMENTS

Feeling statements are characterized by 1) self evaluations; 2) evaluations of one's relationships with others; 3) subjective reactions of an emotional nature toward external events or others. These statements express a feeling experienced by the subject as a result of interaction with others or the environment, or they express a positive or negative evaluation.

1. Expressions of pleasure, contentment, confidence, wonderment, and love are scored as feeling respones. These expressions convey a positive evaluation toward self or others, or they convey a positive emotional response toward others or toward the environment. The following phrases are common examples of the above categories.

A. Expressions of pleasure:

   1. enjoy
   2. pleased (by/with)
   3. take (to)
   4. happy (with/about)
   5. digs
   6. glad
   7. delighted (with/over)
   8. feel good, happy, joyful, elated, etc.

B. Expressions of contentment:

   1. content (with)
   2. satisfied (with/by)
   3. comforted (by)
   4. at ease (with)

C. Expressions of confidence:

   1. have confidence in
   2. trust
   3. proud of
   4. faith (in)
   5. rely (on)

(Note: expressions of confidence are counted only when they refer to the subject).

D. Expressions of amazement:

1. amazed (at/by)
2. admire
3. surprised
4. struck (by)
5. excited (by/over)
6. enthused (about/by)

E. Expressions of love:

1. love
2. like
3. attracted (to)
5. look up to
6. care for
7. respect (for)

(Note: expressions of love are counted when directed toward self or others; when referring to events or objects, they are counted only when there is an action on the part of the subject that is referred to. "I like building boats" is counted; "I like boats" is not. If, however, the verb "to love" is used in referring to events or objects it is counted: "I love baseball" is counted; "I like baseball" is not).

II. Expression of displeasure, discontent, uncertainty indifference, and hate are scored as feeling responses. These expressions convey a negative evaluation toward self or others, or they convey a negative emotional response toward others or toward the environment. The following phrases are common examples of the above categories.

A. Expressions of displeasure:

1. displeased (with/by)
2. unhappy (with/about)
3. disgusted (with)
4. have not taste for
5. repelled (by)
6. sorrowed (by)
7. disillusioned (by/over)

B. Expressions of discontent:

1. discontent (with)
2. dissatisfied (with/by)
3. uneasy (with/by)
4. bothers (me)
5. troubles (me)
6. disappointed (over/with)
7. discouraged (by)
8. feel depressed, unhappy, blue, etc.
9. concerned (with)
10. bugs

C. Expressions of uncertainty:

1. doubtful (over/about)
2. uncertain (over/ about)
3. unsure (about)
4. confused
5. don't know what to do
6. don't know where I'm at
7. embarrassed

(Note: expressions of uncertainty are not counted when they refer primarily to others and not to the subject. "I am doubtful about my abilities" is counted; "I am doubtful about whether Nixon can do anything" is not).

D. Expressions of indifference:

1. bored (by)
2. care nothing (about/for)
3. have no desire (to)
4. unconcerned (by)
5. indifferent (to)

E. Expressions of hate:

1. hate
2. dislike
3. abhor
4. angry (about/over)
5. resent
6. irritated (by/over)
7. loathe
8. mad (at)

(Note: expressions of hate are counted when directed toward self or others; when referring to events or objects, they are counted only when there is an action on the part of the subject that is referred to. "I dislike driving cars" is counted; "I dislike cars" is not. If, however, the verb "to hate" is used in referring to events or objects it is counted; "I dislike psychology" is not counted; "I hate psychology" is counted).

III. Expressions which indicate fear toward others or environment are scored as feeling responses. Common examples are:

1. afraid (of)
2. apprehensive (about/over)
3. frightened (by/over)
4. inhibited (by)

IV. Expressions which are personally evaluative or express an emotional state are counted as feeling responses. Common examples include: "I'm screwed up, neurotic, anxious, no good, pretty together, etc.

V. Borderline cases:

1. Statements beginning with "I think" or "I feel" may or may not be feeling responses. If such statements directly express a subjective evaluation or emotional state, they are counted (e.g. "I feel happy most of the time"). If such statements are followed by a clause ("I feel that...."), the determination is then dependent upon whether the clause falls under one of the above categories. Ordinary opinion statements beginning with "I think" or "I feel" are not scored.

2. Statements of agreement or disagreement are not scored unless followed by a clause that is a feeling statement.

C. IMMEDIACY STATEMENTS

(This section was developed by the author for the purpose of this study).

An immediacy statement refers to a statement relating to a current time frame. This if often regarded as a statement relating to the "here and now."

1. The statement is one that refers either to what is happening within the speaker or to what is occuring in the group at that time.

   "I feel very anxious at this moment" - is scored

   "I felt quite uptight when I first arrived here" - is not scored.

II. The statement can also refer to events that occured that day.

"This morning I was unhappy" - is scored

"I have discussed my future plans earlier this week: - is not scored

III. When there is no mention of time (e.g. now, today, or this morning), the event or topic referred to must be considered. In some cases, the event definitely occured in the past and the person is merely referring to it. Or the person may refer to something that will occur in the future. In either case, this is not considered as immediacy.

SCORING PROCEDURES

A) Read only one statement at a time.
B) Rate what the speaker said NOT what he intended to say.
C) Do not change a rating on the basis of later evidence.
D) According to the aforementioned criteria, use the following scale:

1. Self-Reference Statements

   a) If the statement contains no self-reference, score = 0.
   b) If the statement does contain a self-reference, score = 1.
   c) If the statement contains more than one self-reference, score = total number of self-reference.

N.B. The score in this category will be 0, 1, or a higher number.

II. Feeling Statements

   a) If the statement contains no feeling statement, score = 0.

- b) If the statement does contain a feeling statement, score = 1.
- c) If the statement contains more than one feeling statement, score = total number of feeling statements.

N.B. The score in this category will be 0, 1, or a higher number.

III. Immediacy Statements

- a) If the statement contains no immediacy statement, score = 0.
- b) If the statement does contain an immediacy statement, score = 1.

N.B. The score in this category will be either 0 or 1.

APPENDIX E

SAMPLE OF LETTER SENT TO PATIENTS

APPENDIX E

SAMPLE OF LETTER SENT TO PATIENTS

Dear Kathryn,

It's now been approximately a month since you left HENWOOD. Hope things are going well for you.

As I mentioned when you were leaving, I need a little more information to complete my study.

I would be very appreciative if you could complete the attached questionnaires immediately and return them in the enclosed self-addressed envelope.

Again, thank you very much for your co-operation.

Sincerely,

Roger B. Cormier

APPENDIX F

FOLLOW-UP QUESTIONNAIRE

APPENDIX F

FOLLOW-UP QUESTIONNAIRES

INSTRUCTIONS

COMPLETE THESE SENTENCES TO EXPRESS YOUR REAL FEELINGS.

TRY TO DO EVERYONE. BE SURE TO MAKE A COMPLETE SENTENCE.

1. I can't____
2. I want to know______________________________________
3. Men____
4. The only trouble_____________________________________
5. I have an emotional need to__________________________
6. Reading____
7. Dancing____
8. Sexual thoughts______________________________________
9. Sober____
10. I regret____
11. I am best when______________________________________
12. The future____
13. Marriage____
14. My mother____
15. I punish myself_____________________________________

NAME__________________________________

ANSWER MOST QUESTIONS BY CIRCLING ONE NUMBER WHICH INDICATES YOUR ANSWER.

FOR OTHER QUESTIONS, SIMPLY PROVIDE INFORMATION REQUESTED.

1. General physical health -

1	2	3	4	5
much worse than before treatment	somewhat worse than before treatment	unchanged	somewhat better than before treatment	much better than before treatment

2. General satisfaction with life -

1	2	3	4	5
much worse than before treatment	somewhat worse than before treatment	unchanged	somewhat better than before treatment	much better than before treatment

3. How do you feel about yourself -

1	2	3	4	5
much worse than before treatment	somewhat worse than before treatment	unchanged	somewhat better than before treatment	much better than before treatment

4. How do you feel your social life is going? That is, friends, activities, recreation, etc.?

1	2	3	4	5
much worse than before treatment	somewhat worse than before treatment	unchanged	somewhat better than before treatment	much better than before treatment

5. Your relationship with your immediate family is -

1	2	3	4	5
much worse than before treatment	somewhat worse than before treatment	unchanged	somewhat better than before treatment	much better than before treatment

6. Your relationship with fellow-workers is-

1	2	3	4	5
much worse than before treatment	somewhat worse than before treatment	unchanged	somewhat better than before treatment	much better than before treatment

7. How many A. A. meetings have you attended since leaving HENWOOD? ________ meeting(s)

8. How many counselling sessions (individual, group, family) have you attended since leaving HENWOOD? ______ session(s)

9. Drinking pattern since leaving HENWOOD -

1	2	3	4	5
drink much more than before treatment	drink somewhat more than before treatment	unchanged	drink somewhat less than before treatment	drink much less than before treatment

10. How many days since leaving HENWOOD have you been abstinent (dry)? ________ days

11. On how many days did you drink since leaving HENWOOD? ________ days

12. Are you satisfied with your present level of drinking? YES NO

13. If no, what are you planning to do about your present level of drinking?

1	2	3	4	5
nothing	reduce it slightly	reduce it considerably	cut it out for awhile	cut it out entirely

14. Do you talk about personal things with your family?

1	2	3	4	5
talk much less than before treatment	talk somewhat less than before treatment	unchanged	talk somewhat more than before treatment	talk much more than before treatment

15. Do you talk about personal things with friends?

1	2	3	4	5
talk much less than before treatment	talk somewhat less than before treatment	unchanged	talk somewhat more than before treatment	talk much more than before treatment

16. Do you self-disclose (share personal things about yourself)?

1	2	3	4	5
much less than before treatment	somewhat less than before treatment	unchanged	somewhat more than before treatment	much more than before treatment

17. Are you aware of your personal strengths and weaknesses?

1	2	3	4	5
much less aware than before treatment	somewhat less aware than before treatment	unchanged	somewhat more aware than before treatment	much more aware than before treatment

18. Comments -

NAME: ______________________________